

COMMUNITY DEVELOPMENT FOR WHOM?:
THE ROLE OF COMMUNITY DEVELOPMENT CORPORATIONS IN THE NEOLIBERAL
CITY

BY

MELISSA HEIL

THESIS

Submitted in partial fulfillment of the requirements
for the degree of Master of Arts in Geography
in the Graduate College of the
University of Illinois at Urbana-Champaign, 2016

Urbana, Illinois

Master's Committee:

Professor David Wilson, Chair
Associate Professor Stacy Anne Harwood
Assistant Professor Brian Jordan Jefferson

ABSTRACT

Community development corporations (CDCs) emerged in the 1960s as grassroots neighborhood organizations which called for investment of government resources in marginalized neighborhoods. Beginning in the 1980s, CDCs became viewed as a market solution to the administration of affordable housing. This thesis examines the role of CDCs today. Particularly, whose interests are being served by CDCs—marginalized residents or other constituencies in the city? Based on interviews with Detroit CDC executive directors, residents, foundation program officers, and city officials, this project considers whose preferences are represented in the strategic initiatives of CDCs, who can hold these organizations accountable, and who benefits from the outputs of the organizations' work.

The results suggest that CDCs may easily be coopted and used to legitimize neoliberal redevelopment agendas. CDCs today are being positioned as neighborhood representatives which are well-suited to bring financial and programmatic resources into neighborhoods and advocate on behalf of residents. The supposed resident-controlled character of CDCs is central to this positioning, but CDCs often fail to maintain majority resident boards, and funders expect CDCs to advance their own neoliberal redevelopment priorities for Detroit neighborhoods.

ACKNOWLEDGEMENTS

I would like to express my thanks to my advisor, David Wilson, for his constant guidance and support. I am also very appreciative of my committee members, Stacy Harwood and Brian Jefferson, for their encouragement and valuable suggestions. Additionally, I would like to acknowledge my research subjects whose generosity with their time and insights made this project possible. Finally, I am grateful for the ongoing support and encouragement of my family throughout this process.

TABLE OF CONTENTS

Chapter 1: Introduction	1
Chapter 2: Detroit in Transition	14
Chapter 3: Community Development in Detroit.....	31
Chapter 4: Faith Square	43
Chapter 5: Hope Field.....	65
Chapter 6: Discussion and Conclusion	79
References.....	84
Appendix A: Open-Ended Interview Protocol.....	94

CHAPTER 1: INTRODUCTION

In 2012, NextCity.org, an online urban policy magazine, ran a profile of a Detroit community development corporation (“CDC”) entitled “Welcome to Your New Government: Can Non-Profits Run Cities?” In the piece, journalist Anna Clark describes resident concerns over the seeming lack of oversight of Midtown Detroit, Inc., a CDC leading efforts to attract new residents and investment to Midtown, Detroit’s university and cultural district. The CDC had partnered with foundations and the city’s business community to offer financial incentives for employees of Detroit’s anchor institutions, primarily suburbanites, to move into the Midtown neighborhood, an area historically home to students and low-income people of color. Many residents were concerned not only about the effects of this program on the character of their neighborhoods, but about the lack of control they had over the CDC (Clark, 2012).

The work of Midtown Detroit, Inc. presents a contrast to a commonly-used definition of community development articulated by Ferguson and Dickens (1999), which describes community development as “asset building that improves the quality of life among residents of low- to moderate-income communities.” Rather than serving the neighborhood’s low-income residents, Midtown Detroit Inc.’s actions in this example represent a concerted effort to change the types of residents who live in Midtown with little oversight from long-term residents. These actions present an even starker contrast to the work of the early CDCs of the 1960s which valued redistribution of wealth and the rights of existing residents, and sought to build greater community control over urban spaces (Newman & Lake, 2006).

For decades, community development corporations as mechanisms for addressing the challenges of distressed neighborhoods have been a source of controversy, particularly since the

launch of the Community Development Block Grant program (“CDBG”) in 1974. Critiques of early CDCs and the community development movement emerged as early as the 1970s, questioning the degree of control residents had over these organizations and calling for national programs with redistributive capabilities (see for example, Berndt, 1977). More recently, some critics, concerned about the decentralization and privatization of public funds to support urban neighborhoods through CDBG, have explored how the patchwork CDC system leads to uneven access to public resources (Lake & Newman, 2002). Other critics have traced the ways in which the professionalization of CDCs has destroyed the radical potential of early CDCs (Newman & Lake, 2006; Stoecker, 1997). Still, community development corporations fulfill important functions in the contemporary U.S. city, including affordable housing development, economic development, and community organizing (Vidal, 2012). Through these tasks, CDCs alter neighborhood landscapes and help to shape urban redevelopment.

Despite the important functions CDCs fulfill in U.S. cities and the many critiques of the CDC system, little research has been done to understand what role CDCs play in the U.S. city under current neoliberal times, particularly since the 2008 financial crisis dramatically changed many urban neighborhood landscapes (Rugh and Massey, 2010; Crump et al., 2008). What precise goals are CDCs currently embracing and for whom they are redeveloping communities? Is the current work of community development improving quality of life for existing low- and moderate- income residents¹ or is it positioning neighborhoods for profitable redevelopment and upgrading? Whose purposes (constituencies in the city) are CDCs ultimately serving? This thesis will examine the intricacies of how CDCs currently operate in the neoliberal city. Such

¹ In the case of Detroit, mainly low-income African-American long-term city residents (although there may be transiency within the city). Specific characteristics of resident composition will be discussed for each case study.

knowledge is needed to suitably plan and advocate for the needs of marginalized communities in our increasingly inequitable cities (Berube and Holmes, 2016).

Research Questions

A central research question guides this work: whose interests are served by the work of CDCs? Do the activities of CDCs today help meet the needs of low- and moderate-income residents? Or, does the community development industry serve the interests of other constituencies, such as local governments and real estate interests (builders, developers, realtors) who seek to profitably redevelop inner cities?

To examine whose interests are being served by CDCs in the current neoliberal city, I consider three related questions in this study:

- Which constituencies' preferences are represented in CDCs' work (residents, funders, city government, etc.)?
- Which constituencies control CDCs? That is, to which constituencies are CDCs accountable?
- Which constituencies benefit from the outcomes of CDCs' activities?

Figure 1, below, describes how these research questions are operationalized in this study.

Figure 1. Measuring Whose Interests are Served by CDCs

<i>Measure</i>	<i>Operational Questions</i>	<i>Operational Example</i>
Preferences - Which constituencies' preferences are represented in CDCs' work?	Who sets the strategic initiatives of the organization? By what mechanisms?	Participation of board members, block captains, technical advisors, funders, city officials, etc. in strategic planning
Control and Accountability – Which constituencies control CDCs? To which constituencies are CDCs accountable?	Who has the power to sanction (“punish”, “reward” or hold accountable) the organization? In what capacity?	Sanctions (punishing and rewarding) through use funding, changes to organizational staff, public discourse (praise or protest of the organization), etc.
Outcomes – Which constituencies benefit from the outcomes of CDCs' activities?	Who benefits from the organization's work?	Residents, a subset of residents, developers, real estate developers, funding organizations, city government, etc. benefit from the organization's work

Theoretical Background

This study draws from two literatures which together form my theoretical framework: (1) the state, the voluntary (or non-profit) sector, and neoliberalism; and (2) community development corporations and concepts of community control. Literature on the state, the voluntary sector, and neoliberalism informs my understanding of CDCs as part of a larger state apparatus. Understanding CDCs as part of a larger apparatus, the literature on CDCs and community control explores these institutions' particular internal contradictions and challenges. These specific challenges and contradictions are important for understanding how neoliberal governance is enacted on the ground.

The State, the Voluntary Sector, and Neoliberalism

The state in a capitalist society can be seen as a force which mitigates the inherent tensions in capitalism and facilitates the social reproduction of the capitalist system, in part through the provision of social services. These state functions are executed through the state apparatus, or the institutional structure of government, including local governments (Clarke & Dear, 1984). In addition to the state apparatus, Clarke and Dear identify the "para apparatus," referring to non-governmental organizations which administer state functions, like hospitals and social service organizations.

Jennifer Wolch (1990) calls these organizations the "shadow state." Wolch describes how restructuring of welfare and social service provision to non-governmental organizations represents an act of privatization, since the responsibilities of welfare provision are being transferred from the state to the private voluntary sector. Following the creation of CDBG and related federal programs, the state functions of neighborhood development and affordable housing creation were privatized to non-profit CDCs (Lake & Newman, 2002).

The rise of CDCs as private administrators of state functions is indicative of key aspects of neoliberal governance. Numerous scholars have examined the dominance of neoliberalism in the U.S. city (Hackworth, 2006; Harvey, 2005; Jessop, 2002; Peck & Tickell, 2002; Wilson, 2004). As an ideology, neoliberalism calls for reduction in state interventions in economic markets, particularly with regards to Fordist-era, Keynesian social welfare programs (Hackworth, 2006). However, actually existing neoliberalism, as it is experienced on the ground in cities, is better understood as a contingent, evolving process which differs in implementation across geographies (Wilson 2004; Hackworth, 2006). Key components of this process (although contingently implemented) include the destruction or roll-back of the market regulations and social service programs, and the creation or roll-out of the decentralization and privatization of state functions (for example, through public private partnerships) and increased emphasis on individual responsibility and culpability (Brenner & Theodore, 2002; Peck& Tickell, 2002). In this thesis, I understand neoliberalism as a set of values which become embedded in state institutions, including shadow state institutions.

Wolch argues that privatization changes the character of shadow state institutions, like CDCs (1990). She argues that as the local state privatizes the administration of services to the non-profit or voluntary sector, the work of voluntary organizations becomes less radical, and that non-profit organizations come to serve as an appendage of the capitalist state (rather than sites of resistance). This de-radicalization occurs as non-profit organizations' actions are restricted by the requirements to receive state funding and by the need to professionalize in order to administer large scale programs previously managed by the state (Wolch, 1990). In the case of CDCs, Wolch's predictions have proved correct. Several scholars have traced how community development has become more professionalized and less radical as a result of restrictions on their

activities when CDCs began receiving federal funds for affordable housing development (DeFilippis, 2012; Newman & Lake, 2006; Stoecker, 1997).

Other scholars have argued that private funding sources, such as foundations, also constrain the actions of non-profit organizations in order to serve capitalist interests (Faber & McCarthy, 2005; Roelofs, 2005). Roelofs has traced how the rise of liberal foundations, founded from the wealth of capitalist elites (e.g., Ford, Rockefeller, etc.) in the 20th century, has resulted in a decline in concerns of class-struggle and anti-capitalist discourses, replaced with less radical concepts of “market failure” and “disadvantaged communities.” Foundations steer activists toward pragmatic, moderate goals, and invest in moderate organizations which do not challenge the capitalist establishment (Roelofs, 2005; Smith, 2009).

Community Development Corporations and Concepts of Community Control

The neoliberal trends of decentralization and privatization described above have shaped the current community development industry system. Coined by Yin (1998), “community development industry system” refers to local systems of organizations through which “the design and implementation of community development programs” takes place. These organizations include funders, support and trade organizations, community development corporations, and block clubs (Yin, 1998).

Many scholars are concerned with the current structure of the community development industry, believing it creates unequal access to public resources and limits community organizing and advocacy. Lake and Newman (2002) have tracked how the structure of the community development industry creates differential citizenship and unequal access to resources. For example, CDCs often offer services to residents within a particular service boundary, but not all

areas of a city have a CDC. These areas lose access to public resources available through federal community development block grants, and as such, public resources are distributed differentially.

Scholarship has also suggested that CDCs' work is shaped by the preferences of their funders (Keyes, Schwartz, Vidal, & Bratt, 1996; Newman & Ashton, 2004; Stoecker, 1997), resulting in a decline in the community organizing and advocacy functions which were at the heart of early CDCs. In some cases, funders' preferences have prompted CDCs to develop agendas which serve constituencies other than low- and moderate-income residents. For example, in Newark and Cleveland, funders' encouraged CDCs to build mixed income housing developments, rather than solely focusing on affordable housing developments for low-income people (Newman & Ashton, 2004; Yin, 1998).

In light of these concerns about the community development industry, it is important to understand how CDCs are controlled – by residents and by others. The community development industry holds the concept of community control as its ideal. CDCs rhetorically present themselves as resident-controlled institutions that exist solely to execute residents' vision for the neighborhood (Stoecker, 1997; Stoutland, 1999). Whether this community control actually exists is less clear. Some scholars have argued that community control is impossible, because the interests of funding organizations stand fundamentally opposed to resident interests (Keating, Rasey, & Krumholz, 1990; Stoecker, 1997).

Community control has proven difficult to define and to measure. Defining who comprises the community has been a principle challenge. "Community" is often presented as if neighborhood residents are homogenous, when in fact residents often have competing interests and different amounts of power (Stoutland, 1999). Another challenge is measuring to what

extent a CDC is community controlled. The most common measure has been resident membership on the board of directors. A majority-resident board could be said to be community controlled (Stoutland, 1999). However, this is a weak measure of control. It does not indicate if residents on the board are representative of the neighborhood or if they can be held accountable to neighborhood residents. Further, participation on boards does not mean that these residents are necessarily influential in decision-making processes (DeFilippis, 2012; Stoecker, 1997; Stoutland, 1999).

Some have suggested that stronger community control can emerge through greater democratic practice in CDC governance (Silverman, 2003; Thibault, 2007), but have not articulated what this looks like in practice. Nonetheless, given that CDCs reflect the privatization of public services and often purport to represent their neighborhoods, looking at resident control of CDCs through the lens of democratic theory suggests possible stronger measures of community control, particularly the with respect to the ideas representation, accountability, and participation.

CDCs often claim that they are representatives of the neighborhoods they serve (Stoecker, 1997; Stoutland, 1999). Representatives speak for and make decisions on behalf of a constituency (Gaventa, 2004; Przeworski et al., 1999). Accountability refers to peoples' ability to punish or reward (collectively "sanction") their representative, for example, by awarding or denying re-election (Przeworski et al., 1999). Accountability keeps representatives responsive to residents' wishes. Advocates of participatory democracy (as opposed to representative democracy) argue that increased responsiveness can also come through people's active participation in policy and planning decisions (Fung & Wright, 2003). Participation is often understood as a way of expanding democratic practice, rather than replacing systems of

accountable representatives (Gaventa, 2004). Participation itself cannot be used to ensure representatives are accountable to those they represent (Ribot, 1999). That is, while residents may be consulted as CDCs develop their initiatives, their participation does not mean that residents control how CDC resources are used or can sanction the organization in the case of wrongdoing.

These concepts (representation, accountability, and participation) have frequently been used to evaluate control of non-governmental organizations in the context of global development (for example, see Ebrahim, 2003; Kamat, 2003; Papadopoulos, 2010; Smith, 2002). They have been less frequently used to evaluate community-based neighborhood initiatives in the U.S. and United Kingdom (Chaskin & Garg; 1997; Purdue, 2001), but have not been used to evaluate the control of CDCs in particular.

Case Description and Method

Case Description

This study considers the cases of two CDCs in Detroit. There are practical and theoretical reasons Detroit is a compelling place to investigate whose interests are served by CDCs. Practically, the city has struggled in recent years to provide municipal services, such as reliable trash pick-up, snow-plowing, and street lighting. As a result, the work of neighborhood organizations, like CDCs, is especially important to residents' quality of life (Clark, 2012). Theoretically, Detroit is relying on neoliberal redevelopment logics to try to stop the city's population loss and to prosper in the new service economy. Detroit is actively working to attract new creative, entrepreneurial residents to revitalize the city (Clement & Kanai, 2015), indicative of common neoliberal trends which center entrepreneurial business creation and gentrification as keys to cities' revitalizations. Large foundations (e.g., Ford Foundation, Kresge Foundation)

have committed to supporting this vision of revitalization (Clement & Kanai, 2015). In this context, Detroit is a city where CDCs must navigate between pressures to meet the needs of their traditional clients, particularly long-term city residents, and to build an environment which will be attractive to new investment.

The CDC network in Detroit is well-established. There are over 50 members of the community development trade organization, Community Development Advocates of Detroit (see (2015-2016 CDAD Members). The two case study organizations are award-winning CDCs which have received grants from influential funders, such as the Kresge Foundation and the Skillman Foundation (see Figure 2 for a more detailed explanation of the case selection process). Given their awards and funding success, these CDCs are considered leaders and trendsetters in Detroit's community development industry. As such, given the tendency for organizations to imitate the perceived best practices in their fields (what organizational sociologists term mimetic isomorphism), the programmatic activities and governance structures of the case study CDCs are

Figure 2. CDC Case Selection Process

<u><i>CDC Case Selection Process</i></u>	
1.	Began with the members of the Community Development Advocates of Detroit
2.	Eliminated organizations with which I have had significant professional contact previously (employed by the organizations or participated in implementation of projects led by the organization)
3.	Eliminated organizations which did not have a neighborhood focus (e.g., city-wide organizations, organizations primarily focused on business growth / development)
4.	Eliminated organizations which primarily serve historic districts, since they are likely to represent a wealthier urban subject than the prototypical Detroit or rustbelt resident
5.	Eliminated organizations working in Southwest Detroit. Southwest Detroit has a large Spanish-speaking population and I did not have strong enough Spanish-language skills to interview Spanish-speaking residents.
6.	Eliminated organizations which have not received funding from the Community Development Block Grant Program or from large foundations operating in Detroit
7.	Among remaining CDCs, selected organizations which had received awards from community development trade groups, and which represented different neighborhood contexts

likely to be repeated by other CDCs in Detroit and throughout the rustbelt (DiMaggio & Powell, 1983).

The selected CDCs, Faith Square CDC and Hope-Field CDC, operate in different neighborhood contexts. While both operate in low-income neighborhoods which have struggled with vacancy and disinvestment, Faith Square CDC operates near Detroit's gentrifying Midtown area, while the Hope-

Figure 3. Detroit CDC Map



Field CDC operates in a neighborhood geographically far removed from the revitalization efforts taking place Downtown and Midtown. As a result, the two CDCs are likely to have different opportunities and constraints shaping them.

Method

The case studies presented in this thesis are based on semi-structured interviews with individuals representing different aspects of the community development industry in Detroit. All interviewees were guaranteed anonymity in order to encourage candid responses and to limit risks to participants. To ensure this, the names of interviewees, their organizations, and their neighborhoods have been provided pseudonyms. Three broad categories of constituents were interviewed in order to understand the influences of different constituencies on the work of community development corporations:

- *Community development practitioners:* CDC executive directors, staff, and board members
- *CDC influencers:* Local government officials, foundation program managers, and community development trade association staffers
- *Neighborhood residents*

In total, 24 interviews were conducted, with the executive directors of each CDC being interviewed twice. Interviews lasted between 30 minutes and one

Figure 4.
Interview Sample Size by Category

Category	No. of Interviews	Faith Square	Hope Field
CDC Practitioners	10	4	6
CDC Influencers	5	N/A	N/A
Neighborhood Residents	9	4	5

hour, taking place at the location of the interviewees' choosing, which included offices, residents' homes, and community centers. Interviews began with the CDC executive directors. From there, a snowball sampling technique was used to identify other CDC practitioners and neighborhood residents.² Elected and appointed officials representing the districts where the CDCs are located were invited to participate in the study. Community development program managers from Detroit foundations were also invited to participate. Finally, the executive directors of community development trade associations were invited. In some instances, a representative of a CDC influencer was interviewed (e.g., interviewing the director of planning, rather than the executive director, of a community development trade association).

Structure of the Thesis

The remaining chapters of this thesis are organized as follows. In chapter two, I examine the history and current political and economic conditions of the city of Detroit, which have shaped the neighborhoods in which the case study CDCs operate. In chapter three, I present an

² There is a risk that this sampling technique results in sample of residents who are more favorable to the CDC or who have more at risk by criticizing the CDC than the general population.

overview of the changing community development system in Detroit, which has shifted its focus away from housing and other forms of physical development, in response to the city's population loss. Chapter four presents the first case study of Faith Square CDC, a CDC that is struggling to navigate a demographic shift and the prospect of gentrification in the neighborhood it serves. Chapter five introduces the case of the Hope Field neighborhood. In this neighborhood, a CDC and an organizing-focused Community Alliance work for similar goals, but represent very different levels of community control. In chapter six, I discuss the theoretical and practical implications of the two case studies, as well as recommendations for future research.

CHAPTER 2: DETROIT IN TRANSITION

In many ways, Detroit represents the extremes of post-industrial urban decline. The poorest large city in the U.S. (Bouffard, 2015), Detroit has struggled for decades with population decline, a shrinking tax base, and intense racial segregation. In 2013, it became the largest city in the U.S. to file for Chapter 9 bankruptcy. Throughout Detroit's history (including present day redevelopment), notions of race have been intertwined with and deployed in service of political economic institutions (Sugrue, 1996; Thomas, 2013). As such, it makes sense to contextualize the city through lens of racial economy, which centers the idea that race "shapes the logic, structuring, and practices of political economies" (Wilson 2009). In this chapter, I examine how the history of Detroit's racial economy has led to the challenges of neighborhood disinvestment and concentrated racialized poverty that CDCs work to address today. I also examine how the financial crises of the city have led to a highly influential not-for-profit sector, which effects not only the administration of social services and urban planning efforts, but which meaningfully shapes patterns of development and investment within the city – processes highly interwoven with race.

History of Detroit

Housing Segregation

In 1950, Detroit reached its largest population, and was home to 1.8 million people. In the first half of the 20th century, the city's population grew six-fold, from 285,704 residents in 1900 to 1,849,569 in 1950, fueled by the industrial and manufacturing jobs created largely by the automotive industry (Sugrue, 1996; Thomas, 2013). During this period, the city attracted new comers from rural communities throughout the Midwest and southern United States, including African Americans moving north as part of the great migration. Detroit's black population rose

significantly during this period from 5,741 in 1910 to 300,506 in 1950 (16.2 percent of the city's population) (Sugrue, 1996).

The city's growth from 1900 to 1950 was also the period of defining and embedding racially segregated geographies in the city. During the great migration, particularly from 1920 to 1940, s black residents became increasingly concentrated on the city's lower east side, in the Paradise Valley neighborhood, or in the few black enclaves scattered throughout the city. The densely populated Paradise Valley was home to the oldest housing in the city, with disproportionately high rents were charged. During this period, white neighborhoods began enacting legal measures (e.g., restrictive covenants) and violent intimidation to prevent black families from moving into their neighborhoods (Sugrue, 1996).

Following the 1948 Supreme Court Case, *Shelley vs. Kraemer*, which overturned the legality of racial restrictive covenants, Detroit's black population began moving into newer neighborhoods with better housing. Figure 5 shows that from 1940 to 1960, the number of census tracts with sizeable black populations tripled. Blockbusting realtors and speculators capitalized on blacks' new residential mobility, convincing white homeowners that their property values would decline with in-movement from black families. White Detroiters were encouraged by realtors and developers to move to the city's suburbs, many of which had exclusionary zoning in place. The Federal Housing Administration's exclusionary policies prevented black Detroiters from getting mortgages in the suburbs. Meanwhile, within the city, tactics to protect white neighborhoods from "negro invasion" grew more confrontational, involving public protests, harassment of black

Figure 5. Spatial Distribution of the Black Population (1940-1960)

<i>Year</i>	<i>No. of Census Tracts with 500+ Black Residents</i>
1940	56
1950	73
1960	166

Source: Sugrue, Thomas (1996). *The Origins of the Urban Crisis*.

realtors and their clients, and pressuring companies through the threat of boycott to fire employees who sold their homes to black families (Sugrue, 1996; Thomas, 2013).

Whites continued to leave the city over the coming decades, notably after the rebellions in the summer of 1967. Whites went from leaving at a rate of approximately 22,000 a year in 1966 to 173,000 between 1967 and 1969. White suburbanites were reported to have purchased guns and discussed being prepared to arm themselves against attacks from the city's black residents (Thomas, 2013).

Following the inauguration of Coleman Young, Detroit's first black mayor, in 1974, racial disunity played out in a new way – in confrontational non-cooperation between the city government and surrounding suburbs. Efforts for regional collaboration, such as the creation of regional mass transit systems, were routinely thwarted by non-cooperation from the suburbs throughout both Young's and his successor, Dennis Archer's, administrations. During this time, as middle class blacks moved out of the city, they primarily moved into known "safe" suburbs where they would be welcome, maintaining high levels of racial segregation in both the city and in the suburbs (Thomas, 2013).

Since 1980, metro Detroit has ranked among the most racially segregated metropolitan regions among cities with large black populations, and has been the most segregated metropolitan region in the U.S. since 1990. From 1980 to 2000 metro Detroit's maintained a black – white dissimilarity index score of approximately 85, meaning that 85 percent of residents would need to

Figure 6. 2014 Detroit Racial and Ethnic Composition

<i>Race / Ethnicity</i>	<i>Percent of Population</i>
White	12.6 percent
Black or African American	80.9 percent
American Indian or Alaska Native	0.3 percent
Asian	1.2 percent
Some Other Race	2.8 percent
Two or More Races	2.1 percent

move in order for every census tract to reflect the region's racial composition. This figure dropped for the first time since 1980 in 2010, falling to a score of 80.9, still 11 points higher than the second most segregated city, Memphis (Logan & Stults, 2011). By 2014, 80.9 percent of Detroit's residents were black, and 12.6 percent of the population was white (US Census Bureau, 2015).

Industrial Decline

While Detroit was being reshaped by racial segregation throughout the 20th century, it also saw the rise and fall of the manufacturing industry. Industrial production peaked in Detroit during World War II, at which point unemployment in the city dropped from 135,000 in 1940 to only 4,000 in 1943. The process of decentralizing manufacturing began in the 1950s, locating factories in suburbs and semi-rural locations in order to weaken the influence of unions and control labor costs. Between 1950 and 1960, the automobile industry built most of its new factories outside of Michigan. Those that were built in the state were built in the suburbs, justified by a need for land on which to potentially expand the plants in the future. The process of decentralization had disproportionately negative effects for black Detroiters, who could not easily follow the remaining jobs out to the suburbs. The combined forces of automation, decentralization, and later free trade agreements weakened Detroit's manufacturing base tremendously (Sugrue, 1996). Today, only 13.2 percent of the employed city residents work in manufacturing. Educational services, and health care and social assistance now comprise the largest employment sector for Detroiters (US Census Bureau, 2015).

Employment opportunities in the new service economy are scarce in Detroit. With limited transit options, and economic opportunity concentrated in the suburbs, many Detroiters cannot access jobs. According to 2011 Census data, only 9 percent of the Metro Detroit jobs are located

in the city, and of these, only 27 percent are held by Detroit residents (Urban, 2015). Only 12 percent of Detroit adults have bachelor's degrees, further limiting employment opportunities. The unemployment rate in Detroit is 27 percent. 46 percent of the city (over age 16) is not in the labor force, meaning that only 38 percent of Detroit adults are employed. 39 percent of residents have incomes below the federal poverty line (US Census Bureau, 2015).

Shrinking City

Detroit lost 61 percent of its population between 1950 and 2010, creating a vacancy problem. By 2010, the city had a 22 percent housing vacancy rate (US Census Bureau, 2015). The problem of vacant housing intensified with the 2008 financial crisis. The *Detroit News* recently estimated that one in every three homes in Detroit went through mortgage or tax foreclosure between 2005 and 2015. Subprime lending was a major contributor to the trend of foreclosure and abandonment – 68 percent of the city's mortgages were subprime in 2005 (MacDonald & Kurth, 2015). These loans were disproportionately made to African-Americans (Herbert et al., 2011). 36,400 homes underwent mortgage foreclosure between 2005 and 2015, 56 percent of which were abandoned or are now blighted. In total, 13,000 of these homes will eventually be demolished (MacDonald & Kurth, 2015).

Foreclosed homes have been sold cheaply, on average for a quarter of the value assigned by city assessors, creating a disincentive for purchasers to pay taxes or maintain the properties. This wave of foreclosures is expensive for the city – demolition costs are projected at \$195 million, and \$300 million in tax payments were lost from homes seized through tax foreclosure (MacDonald & Kurth, 2015). This recent wave of foreclosures has not only been incredibly expensive, but, as will be discussed in Chapter 3, has had an important role in reshaping the priorities of Detroit's community development industry.

Political Context

The city of Detroit is governed by an executive branch, the mayor's office, and a legislative branch, the city council, organized around seven city council districts. These districts also function as administrative units for the provision of city services. Public confidence in local government in Detroit has historically been low (Bockmeyer, 2000). A series of scandals, most notably the corruption charges against former Mayor Kwame Kilpatrick, have more recently rattled public trust in elected officials, and have contributed to a sense of skepticism and cynicism with regards to the government's competency. One city employee, Aleisha, described how the public's lack of confidence in the city government has impacted her work:

I think the areas that are not seeing as much work, or much things happening tend to have - they tend to not believe in city government, they tend to feel left out. Just trying to convince them that we're trying to work is a huge challenge.

Executive leadership in Detroit has been tumultuous in recent years. Following the relative stability of the leadership of Coleman Young and Dennis Archer who served as mayor for 20 and 8 years, respectively, Detroit recently had three mayors in the course of one year. Dennis Archer was followed by Kwame Kilpatrick (governed 2001 to 2008), who resigned in a corruption scandal and was later found guilty of 12 felony charges, including racketeering and extortion. City council president, Kenneth Cockrel, served as interim mayor following the scandal, and ultimately lost the position to Dave Bing, served as mayor for one term from 2009 to 2013. Bing's term was marked by conflict with the city council over austerity budgets created in an attempt to ward off the threat of emergency management or bankruptcy.

Bing Administration and Detroit Future City

During Bing's administration, a landmark project was undertaken to create a unified future vision for the city. The Detroit Works Project was an effort to create a 50-year land use

plan for a vibrant, working Detroit. The effort was met with great skepticism and resistance after initial attempts at community engagement proved disastrous. The first meetings to discuss the plan were held at megachurches holding thousands of people. The goals of the planning process were not clearly communicated at these meetings, leading to speculation that the city was trying to find parts of the city to shut down and cut off services to, forcing people to relocate (Oosting, 2010).

The project adjusted its community outreach efforts to give residents more constructive opportunities to shape the plan, which was completed in 2012. The *Detroit Future City* plan calls for many of the least densely populated areas of the city to transition from being residential areas to areas dedicated to one of two land uses: “innovation productive”, which will use vacant land for productive uses like urban agriculture and aquaponics, or “innovation ecological”, which will create low maintenance landscapes on vacant land like forests or meadows. In more densely populated neighborhoods, the plan calls for efforts to attract new residents and commercial businesses (Detroit Works Project, 2012) . Mayor Bing explained the central logic of the plan this way: “We cannot invest in every community in the city. So we’re going to focus on density and a handful of communities within our city, and we’re going to make them stronger than they are” (Cwiek, 2011).

While many have lauded the creation of the *Detroit Future City* plan, which is intended to provide a unified vision for the city’s future for both the government and non-profit sector, the plan has been critiqued for exacerbating existing spatialized inequalities and for discursively whitening neighborhoods through green urbanism. At its core, the plan relies on a neoliberal logic, emphasizing market-based solutions, entrepreneurship, and revalorization of vacant property to create a new vibrant Detroit. The revalorization of vacant land through greening

(particularly the innovation productive and innovation ecological land uses) has been understood as a means to declassify certain areas as black spaces, but rather green blank slates ready for investment. Many of the most vacant areas of the city, no longer slated as residential areas, are also the poorest areas. Residents of these areas have lower levels of mobility, and the plan does not precisely specify what relocation support resources would be available. At the same time, these neighborhoods are now less likely to receive neighborhood stabilization and revitalization grants, potentially intensifying the differences in neighborhood condition between poorer and wealthier neighborhoods (Clement & Kanai, 2015).

Emergency Management and Bankruptcy

The threat of emergency management which loomed over the Bing administration was enabled by Public Act 4 of 2011, which allowed for the State of Michigan to appoint an emergency manager in municipalities in states of financial emergency (as determined by the Michigan Department of the Treasury and the governor). Emergency managers, in their efforts to stabilize cities' fiscal situations, were enabled to unilaterally decide to outsource city services, merge departments and alter employee contracts without approval of locally-elected officials. In 2012, Mayor Bing's administration and the city council agreed to a consent agreement with the State of Michigan which increased state scrutiny and oversight of the city, in an attempt to prevent an emergency manager from being appointed ("Timeline," 2014).

In 2012, Public Act 4 was put up for a referendum vote, and was struck down by Michigan's voting public. In the months leading up to the referendum, Public Act 4 was suspended, but emergency management continued under an earlier emergency management law, Public Act 72 of 1990. In defiance of the public mandate, the Republican controlled legislature in essence reenacted Public Act 4 during the lame duck session of that year by the adoption of

Public Act 436 of 2012, which gave municipalities a choice of action when deemed to be in a state of financial emergency: entering into a consent agreement, filing for bankruptcy, accepting the appointment of an emergency manager, or agreeing to mediation. The new law was written in such a way that it could not be subject to public referendum and it grandfathered in existing emergency managers (while also giving them the expanded authorities granted under Public Act 4). In March 2013, the State of Michigan appointed an emergency manager for Detroit, Kevyn Orr, under Public Act 72, before Public Act 436 took effect, although Orr was granted the more sweeping powers of an emergency manager under Public Act 436 shortly after his appointment. Under Orr, the city filed for bankruptcy in July 2013 (“Timeline,” 2014). Orr continued to have control of the city for 18 months, until September 2014, at which point power was returned to elected officials, although Orr continued to manage the bankruptcy proceedings until the city emerged from bankruptcy in November 2014.

Duggan Administration and the Neighborhoods Plan

During the period of emergency management, David Bing announced he would not seek re-election. In 2013, the city elected its first white mayor since 1973, Mike Duggan, a businessman who previously led the Detroit Medical Center and served as Wayne County Prosecutor. Duggan’s election campaign was filled with controversy fueled by his relatively short time as a city resident (approximately one year). Nevertheless, he won a write-in campaign on a ten point platform, “Every Neighborhood has a Future.” The platform, which continues to guide his administration, aligns with many of the priorities of the *Detroit Future City* plan, emphasizing investment in dense areas of the city and revalorizing vacant land (Duggan for Detroit, 2013).

Duggan's platform has a heavy focus on reducing blight in the city. To accomplish this, Duggan created the Department of Neighborhoods and appointed "district managers" for each city council district in the city, whose role it is to take steps to eliminate blight both through municipal services and through community organizing. Aleisha, a Department of Neighborhoods employee, described how the Duggan administration continues the Bing administration's drive to invest resources in strong neighborhoods:

The mayor instituted this position for us to fight blight ...My main focus is to focus on blight, but also to focus on resident complaints, or resident concerns...It's my job to kind of explain that with this administration we had to have a plan in order to tackle this huge monster problem called blight. We couldn't just go in there and say, this house needs to be demo-ed, and haphazardly demo, we have to actually have a plan, which consists of working in stronger neighborhoods to weaker. And so, the hardest part of my job is to go into weaker neighborhoods and tell somebody we're not going to get to you anytime soon.

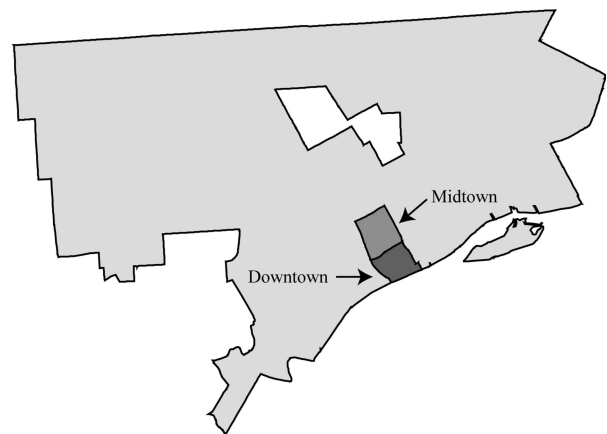
Duggan has enjoyed fairly high approval ratings in his short time in office. At the end of 2015, a *Detroit Free Press* poll found that 60 percent of residents gave Duggan positive ratings and 69 percent felt that the city was moving in the right direction (Dolan, 2015).

A Changing Detroit

Today, Detroit's population continues to decline, and poverty and unemployment remain high (Bouffard, 2015). However, Detroit is attracting new residents and businesses, particularly to its Downtown and Midtown neighborhoods (Moskowitz, 2015).

Downtown Detroit is the city's central business district. Billionaire Dan Gilbert, CEO of Quicken Loans, is credited with many of the

Figure 7. Downtown and Midtown Detroit



changes taking place Downtown. In 2010, he relocated Quicken Loans' headquarters from its suburban location to Downtown Detroit, starting a trend of businesses relocating their headquarters back into the city. He now holds around 80 properties in the Downtown area, including many historic skyscrapers along Woodward Avenue, Detroit's iconic major thoroughfare. His investments in the area are estimated at \$1.5 billion. Gilbert is in the process of redeveloping many of his properties for residential and commercial use (Gallagher, 2015).

Gilbert's efforts have been controversial, and critics have concerns about him controlling so much iconic Downtown property. One community development leader described the revitalization of Downtown Detroit as a result of rapid investment, led by Gilbert, which he believes has set Detroit on the path to recreate the strategies and problems of other major U.S. cities, rather than creating a radically different city:

Gilbert buying so much of the inventory Downtown is worrisome – that there is now a single man that controls all of these buildings that have a real public value. Like, yes, it's a privately owned skyscraper, but that affects so many other people. On the other hand, Gilbert has done a lot for the city. I mean, it could be a lot worse than Gilbert, right? Like somebody once called Gilbert a real estate unicorn, because he's doing all this stuff, and he's not really expecting any real profit on a lot of this stuff for years down the line. His kids are going to be really well set up. The thing that disappoints me, though, is I think Detroit has fallen into the playbook of so many other cities. What I always found really interesting about Detroit prior to this recent resurgence - I felt like Detroit had an opportunity to rewrite that playbook of what a major American city could be, and to do it in a much more equitable way ... I think we sort of lost that a little bit... it doesn't seem to have the same boldness that I think some of the conversations we were having years ago did.

Midtown is the city's cultural and university district. Home to the Detroit Institute of Arts, the Detroit Historical Museum, the Charles Wright Museum of African American History, the Museum of Contemporary Art and Design, Wayne State University, and the College for Creative Studies, Midtown's anchor institutions now shape the neighborhood's identity. Its CDC, Midtown Detroit Inc., has played an influential role in attracting businesses and residents to the

area, bringing in \$80 million in investment since 2000 (Midtown Detroit Inc., 2016). Midtown Detroit Inc.'s projects have included the development of 40 residential developments, creating 1,000 units of housing (Midtown Detroit, Inc. does not indicate that any of these were affordable housing units) and assisting 30 businesses with technical assistance and financing. The CDC's "Live Downtown" and "Live Midtown" programs, which incentivize employees of Detroit businesses and institutions to live in these neighborhoods attracted nearly new 1,500 residents (Midtown Detroit Inc., 2016).

In many ways, Downtown and Midtown stand in sharp contrast to the rest of the city. 97 percent of apartment units in Downtown and Midtown are occupied, with some properties having hundreds of people on waiting lists (Thibodeau, 2015). Between 2010 and 2014, the area's population has become both whiter and wealthier. During this period, the population in these neighborhoods grew by 7 percent while the city as a whole lost 8.4 percent of its population. The number of black Detroiters living in Midtown and Downtown remained roughly the same (11,340 in 2010 and 11,365 in 2014) while white population rose by 24 percent (4,219 in 2010 up to 5,550 in 2014). Average median household income during this period rose by \$3,000, although this gain appears to be due to a gain of \$8,000 in average median income for white families. During this period, the average median household income among black families fell by approximately \$1,200. White households in Downtown and Midtown have higher median household incomes than the city-wide median for white households (\$38,463 in Downtown and Midtown vs. \$29,781 city-wide), while black households are less wealthy than city-wide averages (\$17,332 in Downtown and Midtown vs. \$25,444 city-wide) (US Census Bureau, 2015). Midtown and Downtown are increasingly home to white residents who are wealthier than

the average Detroiter, and as this trend continues, there is concern that low-income black residents, in particular, will be forced to relocate out of these neighborhoods.

To date, little is known about the displacing effects these trends have had, but anecdotal accounts of displacement can be found, such as the 2013 purchase of the Griswold Building, a historic apartment building near a Downtown park. Purchased by a suburban developer, the 12-story building had offered Section 8 housing and was mainly home to seniors and people with disabilities. In April 2013, residents, many of whom had lived in the building for decades, were notified that they would have move out within a year to make way for the conversion of the building to house 127 market-rate apartments. Monthly rents for the building's luxury apartments now start at \$1,200 a month – more than double the fixed monthly income of the building's previous tenants (McGraw, 2016; The Albert, 2016).

The revitalization of Midtown and Downtown has not resulted in changes for most of the city's residents and has exacerbated a longstanding tension between Downtown and the city's neighborhoods. The frustration heard in many Detroit neighborhoods is that private and public resources are invested in enhancing the city's central business district, in the hope that its revitalization will have a trickle-down effect, spilling benefits over into neighborhoods. Many residents would prefer to see direct investments in Detroit's neighborhoods instead (Caro, 2015). One interviewed resident shared comments that speak to this longstanding tension when asked about Detroit's revitalization:

So are we just focusing on Downtown? So my thing is, if you drive around the city of Detroit, there are still a lot of neighborhoods that are lacking, and I think we can't just leave that out. ... I mean you still have a lot of homes that need to be torn down, you still have a lot of areas that are drug infested, have prostitution, you still have a lot of areas that you have squatters in. You still have a lot of that that's going on.

Another resident echoed these concerns, expressing doubts about narratives touting the city's comeback:

While I'm happy they say it's (Detroit) coming back. I see a lot of neighborhoods that are in disarray, terrible – abandonment, burned, houses they be torn down. So I guess in certain neighborhoods, yeah, you know, but not all neighborhoods. A lot of neighborhoods are still really suffering. So I don't necessarily believe that's true, not at all.

This debate, in parlance of the local media, is being referred to as a tension between “Old Detroit” and “New Detroit” – terms which conceal the racial and class differences between the majority of the city's population and the new comers (Graham, 2015). The tension between longtime residents and new comers has even inspired a guidebook for new comers, *How to Live in Detroit without being a Jackass* (Foley, 2015). City institutions have started making efforts to reject the oppositional aspects of the New Detroit vs. Old Detroit debate. For example, the Skillman Foundation released a report entitled, “New Detroit, Old Detroit, Our Detroit”, which sought to enumerate the ways in which New Detroit and Old Detroit are more alike than different. Notably, the report does not examine differences in income among racial groups in Detroit, nor does it include any longitudinal data to acknowledge the ways the city's population is changing (The Skillman Foundation, 2015). The Skillman Foundation's message silences race-class redevelopment critiques and masks the deep inequalities that exist between the city's black and white residents, between the “New Detroit” areas and the city's neighborhoods.

Discussions of gentrification have recently emerged in Detroit's mainstream press. *The Detroit News* and the *Detroit Free Press* have run ten and seven articles on gentrification in the city, respectively, since 2014. Discussion centers on a) whether the city is gentrifying and b) if that is negative. A common issue in the debate is defining what gentrification looks like in a city that is losing population and has thousands of unoccupied properties. The perspectives of

Aleisha, the Department of Neighborhoods employee, and a community development industry leader demonstrate how not having a common definition of gentrification makes the city's redevelopment hard to discuss:

"I think sometimes we use the word gentrification when it doesn't always apply. Like when you have a lot of vacancy in areas, I don't think you can call that gentrification. We need neighborhoods - we need neighbors. So I don't know that gentrification applies, but I don't know." –Aleisha, Department of Neighborhoods

"The issue of gentrification, both financial gentrification and cultural gentrification, because those are slightly two different things, is a coming concern, and a growing concern. I think we really had a good opportunity to take bold steps on that years ago, and so now it almost feels like we're playing catch-up to address this problem." – Community development industry leader

As will be discussed in the case studies, concerns about gentrification exist not only in Downtown and Midtown. It is a salient concern among CDC leaders in a variety of neighborhoods, particularly in those who work in neighborhoods adjacent to "New Detroit," and how they respond is shaped by this city-wide conversation.

Influence of the Not-for-Profit Sector

The not-for-profit sector in Detroit is highly influential, particularly private philanthropic foundations. As the city has struggled financially, foundations have played a major role in providing resources for what might otherwise be city-run initiatives. They have provided financial support for a wide variety of projects, such as the development of the Detroit Riverwalk, maintenance of many of the city's parks, and the demolition of blighted abandoned properties. One foundation program officer describes how the role of their organization changed in order to address the gaps in services not being provided for by the city: "Philanthropy has really had to step up. That's been our role – to try to fill a void left by government." Figure 8, below, shows foundations which have invested the most funding in Detroit since 2011. The

most influential foundations, giving over \$150 million are the Kresge Foundation and the Ford Foundation.

Figure 8. Foundations Donating the Largest Amounts to Detroit Organizations

<i>Foundations</i>	<i>Grant Funding (2011-2014)</i>
Kresge Foundation	\$179,868,712
Ford Foundation	150,695,201
W.K. Kellogg Foundation	141,567,649
John S. and James L. Knight Foundation	70,218,743
Skillman Foundation	34,961,583
Community Foundation for Southeastern Michigan	30,787,028
William Davidson Foundation	30,000,000
General Motors Foundation, Inc.	28,277,000
Hudson-Webber Foundation	25,805,805
Fred A. & Barbara M. Erb Family Foundation	20,380,500
Total	\$712,562,221

Source: The Detroit Ledger “All Organizations” Data Set. Downloaded 23 February 2016.

Two examples which underscore the degree to which private philanthropy is influencing the future of Detroit are the creation of the *Detroit Future City* plan and the philanthropic community’s intervention into Detroit’s bankruptcy process.

The *Detroit Future City* plan was enabled through the support of the Kresge Foundation in 2010, and the project was funded primarily by the Kresge Foundation and the Ford Foundation throughout the planning process. Completion of the landmark plan was not done with city funds. Moreover, the long-term framework planning process was not administered by city government, but by the Detroit Economic Growth Corporation, a quasi-public agency focused on attracting economic investment to Detroit. Mayor Bing did have influence over the project, but the Kresge Foundation ultimately controlled the effort. For example, at a certain point in the planning process in 2011, Kresge pulled its support for the project due to conflicts with Mayor Bing over the role of outside consultants working on the project (Dolan, 2011). The conflict was ultimately resolved, but whether or not a milestone piece of city planning was completed was in the hands of a private foundation, not accountable public leaders.

Another example came during the bankruptcy proceedings when a major conflict emerged. There was a strong possibility that the city's art collection at the Detroit Institute of Arts would have to be sold in order to raise funds to pay the city's pensioners. Whether the city's art or its obligation to pensioners deserved higher priority became a point of debate. Ultimately, a group of foundations, including the Ford Foundation and Kresge Foundation came together with the State of Michigan to raise \$800 million for a so-called "grand bargain" which could preserve the cultural assets, while meeting the city's pension obligations. Resolving this conflict was a key step in preparing the city to emerge from bankruptcy (Kennedy, 2014).

Discussion

Throughout Detroit's history, the interplay between race and political-economic institutions has produced a city that has concentrated racialized poverty and neighborhood disinvestment. As a shrinking city especially harmed by sub-prime lending, its shrinking tax base contributed to a weakened local state. Filling the gap, private philanthropy (which lacks the accountability of local government) has stepped up to lead city redevelopment efforts. Through initiatives like the *Detroit Future City* plan, neoliberal redevelopment logics which rely on gentrification, entrepreneurship, and green urbanism to re-make the city are becoming dominant. As Detroit demographics change, these private institutions are silencing race-class critiques of the city's redevelopment. As will be discussed in chapters four and five, these trends are meaningfully changing the work of CDCs in Detroit.

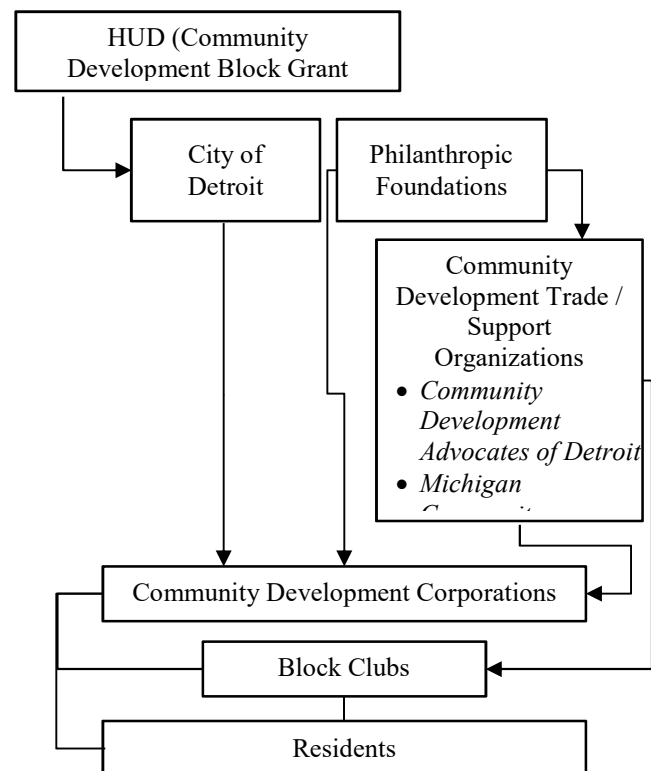
CHAPTER 3: COMMUNITY DEVELOPMENT IN DETROIT

The community development industry in Detroit has been shaped by the city's extraordinary population loss and financial constraints, particularly the threat of municipal bankruptcy. This chapter provides an overview of the community development industry system in Detroit, and then describes the ways CDC actions are in the city. To understand the context in which the case study CDCs are working, familiarity with Detroit's community development system is important (Figure 9 provides an overview of this system). Members of the community development industry, as well as influential funders, agree that the CDC system in Detroit needs reform, but these constituencies' visions for the future of CDCs are sometimes contradictory.

The Detroit Community Development System

Community Development Advocates of Detroit ("CDAD") has 50 CDC members, and there are likely more CDCs operating in the city who are not CDAD members (CDAD, 2015). These CDCs' service areas form a patchwork of coverage throughout the city, with some overlap present, while parts of the city are devoid of CDC coverage (Ash et al., 2009). CDAD serves as a trade association for CDCs, who are also supported by Detroit LISC (Local Initiatives Support Corporation) and Michigan Community Resources, along with other non-profit capacity building organizations.

Figure 9. Simplified Overview of the Detroit Community Development System



CDAD periodically develops reports on the state of community development in Detroit, and most recently surveyed Detroit CDCs in 2009. At that point in time, the most frequent CDC activities were community organizing, affordable housing, vacant land repurposing, greenspace maintenance, and commercial development. Moreover, many CDC leaders noted that affordable housing was becoming less central to their organizations' work.³ The shift away from housing development comes with the sacrifice of both grants in this field and the loss of developer fee revenues. Detroit CDCs had small staffs, with most CDCs having less than the equivalent of three full-time employees and less than \$500,000 in annual revenue (Ash et al., 2009).

While CDCs may raise funds through individual donors and fundraising events, most revenues come through grants. Unlike CDCs in other cities, few CDCs receive support from the Community Development Block Grant program. CDAD found that in the 2008-2009 funding cycle, only 8 percent of the city's CDBG funds went to CDAD members (Ash et al., 2009). Figure 10 compares the funding received by CDAD's CDC members from both CDBG and from private foundations, and shows that CDC funding in Detroit overwhelmingly comes from private foundations, with the W.K. Kellogg Foundation and the Kresge Foundation granting \$7,145,868 and \$4,881,270, respectively (City of Detroit, 2012, 2013; The Detroit Ledger, 2015).

Figure 10. CDC Funding – Foundation Support vs. CDBG

<i>Year</i>	<i>Foundation Funds</i>	<i>CDBG Funds</i>
2013	\$ 9,510,734	\$813,000
2012	\$14,637,206	\$822,000

Sources: The Detroit Ledger, City of Detroit

³ It should be noted that affordable housing remains inaccessible to many extremely low-income people due to availability shortages and barriers to access. Nationally, only 24% of eligible households receive housing assistance through HUD programs, and Detroit saw large declines in the number of available affordable housing units between 2000 and 2013 (Leopold et al., 2015). Screening criteria (criminal record checks, work requirements) used by providers of affordable housing make their units inaccessible to otherwise eligible low-income people (Popkin et al., 2005).

A number of factors explain why CDCs receive such a small proportion of community development block grant funds. First, a large portion of CDBG funds have not sub-granted to area non-profits, but rather have been used to cover municipal expenses and pay loan debt (Ash et al., 2009). Even among the sub-granted funds, however, CDCs only receive a small proportion. Here the city council and city planning commission (who evaluate applications) are not interested in funding CDCs. In interviews, community development industry leaders felt a lack of confidence in CDCs among both city officials and private funders. Moreover, CDCs have increasingly elected to not to apply for funds through the Community Development Block Grant program due to problems with its administration. A CDAD report characterized the grant-making process as lacking “efficiency, transparency, political predictability, and effectiveness” (Ash et al., 2009). In 2012, HUD froze the city’s block grant allocation due to its poor performance in appropriating funds to grantees in a timely manner and maintaining proper records. As a result, grantees went nearly a year before seeing reimbursement for funds already spent (Welch, 2013).

The Changing Role of CDCs

Perspectives of Industry Leaders

In 2011, CDAD published an industry reform paper which explained that confidence had been shaken in CDCs’ abilities to stabilize neighborhoods. It stated:

Detroit community development organizations have been unable to weather the recent severe and enduring financial crisis. Consequently, stakeholders have lost faith in the industry’s ability to renew and revitalize neighborhoods, albeit amongst overwhelming odds. Instituting an Industry Reform plan, complete with a capacity building system, strategies to attract and retain a steady stream of talented and committed professionals, and an organizational certification process could provide community development organizations with the tools that are needed to improve service provision, inciting a renewed faith from funders, residents and others in the community development industry (CDAD, 2011).

Community development leaders expressed a belief that Detroit funders, both private and public, have lost confidence in CDCs. When asked about the challenges facing CDCs, one leader mentioned “a poor image of their work, especially among decision-makers.” Further, he indicated that past incentive systems for CDCs, which focused on building in-fill housing in depopulating neighborhoods, may have given them a reputation for being ineffective:

You know, we went through the housing boom during the mid-late 90s and to some extent in the 2000s, and people were really investing in CDCs as a cutting-edge tactic on the public-private partnership front. But a lot of those areas that were invested in in the 90s didn't magically revitalize, like a lot of people expected. In hindsight, we see that that's because these areas were not necessarily attracting new people to the city of Detroit. All we were doing was, we were shifting vacancy within the city. So we were spending millions and millions and millions of dollars in essentially a zero-sum game. But that's not the CDCs fault necessarily. I mean those are larger [forces] – deindustrialization, and things like that. Not to mention the corruption trouble the city government has had...But nevertheless, I do think that CDCs kind of became the scapegoat, and I think that state-level government, city level government, HUD, funders, they pushed for certain type of product, a certain type of housing, and encouraged CDCs to build that kind of housing, and in hindsight that was a mistake.

Many community development industry professionals feel that the role of CDCs in Detroit is changing, and that change is key for the sector's survival. One dominant view is that physical housing development can no longer be the primary focus of CDCs. Rather than building new housing, CDCs should be on the front line of addressing one of the greatest challenges Detroit has as a shrinking city – repurposing vacant land. This focus aligns the practice of community development less with builders and developers, and more with community organizing and participatory planning. One community development trade association leader described the transition as follows:

I think of CDCs historically as nonprofit developers, especially as encouraging affordable housing, and to some extent I think that still remains the case, but to a much lesser degree than before...But in the wake of the housing crisis, a lot of CDCs had to shift. So now you have a number of CDCs that are either just acting as community organizers – they're like a megaphone for community voices, making sure that the

resident's voice is heard citywide. You have a few groups that are really focusing on vacant land, and land management. I think that's going to be a whole other avenue of work that CDCs are going to have to go to down. And then, also in recent years, we've seen the value of commercial amenities and how commercial amenities really play an important role in attracting new investment and new residents, as well as retaining the ones you have. Affordable housing will become a bigger issue in certain neighborhoods...So I guess it's splintered in a lot of different ways.

Another community development industry leader echoed these ideas, and emphasized the role of CDCs as neighborhood advocates, especially as the city sees greater private sector investment:

I think CDCs should be playing a very important role with respect to the development around town. There's a lot of interest in development and there's a lot planned. The city is very interested in trying to move land and also bringing in interested developers and businesses, so I feel that the community development organizations should be key in terms of connecting the city to what's really happening in the community, to what the community wants to do, what they actually want to see happen in their neighborhoods. That's what I think should be the role.

Community development industry leaders commonly argue that CDCs are particularly well-suited to plan for the repurposing of vacant land and to act as community advocates, since CDCs are assumed to be community controlled. One leader called this the “greatest strength” of CDCs:

To me, the greatest strength of the community development corporation model, is that it is an entity that is controlled by local residents, it's embedded in the neighborhood, and it has the localized knowledge that no other institution can really match. So therefore it has a unique opportunity to create and manifest a project that is really, that's in accordance with the community's wishes.

As many scholars have written (DeFilippis, 2012; Ferguson & Stoutland, 1999; Stoecker, 1997), community control is a difficult thing to achieve. The same industry leaders who would use community control as an important selling point of CDCs acknowledge that many Detroit CDCs do not meet the most commonly held, if problematic, standard of community control – a majority resident board. The primary problem is that CDC board members are expected to

contribute to the organization's fundraising efforts. Residents of low-income neighborhoods often do not have the funds, networks, or experience to assist in this particular role. Industry leaders have discussed trying to enforce a standard of resident-controlled boards, but have not yet taken action. In the words of one industry leader:

I do think what should be in the definition of a CDC is that community members control the board, and that the board is representative of the community. You know, I think CDCs work best when those are actually written into their bylaws. We've talked about can you come up with different standards, or like a uniform definition of the CDC, and if you do that kind of process, can you stipulate that the board should have in its bylaws 51 percent of its board is made up of local residents? But, often times then you may be missing out on some of the skills that every board needs, right, like good fundraising, legal, accounting help. I think every nonprofit, especially CDCs, struggles with that.

Another challenge in positioning CDCs as neighborhood advocates is that not everyone feels their CDC represents them. One industry leader speculated that this distance between CDCs and residents may stem from the professionalization of CDCs:

...I know there are residents who feel that some of these community development organizations don't represent their interests or needs... Why? So it could be a lot of reasons. I do think we've gotten away from what I believe was the original intent of community development. For me, it was really intended to be a movement. It was designed to be a vehicle for residents, for community people to take charge and have some ownership and control over their neighborhoods... So I don't know that it was ever meant to be an industry. We talk about it as an industry, but as an industry, certain aspects of that, particularly the one about having to maintain your organization ... the emphasis becomes more involved on the business side. Maybe there were some non-profits that should have developed out of community development, the movement, but I think that pressure to maintain organizations may have alienated some of these groups from their residents. So they've lost touch, or don't know exactly what they need.

Race may play an important role in explaining the disconnect between some residents and CDCs. In Detroit, CDC staff members are overwhelmingly white, particularly executive directors. Industry leaders shared concerns that this disparity makes it more difficult for CDCs to effectively organize their neighborhoods and to be viewed as legitimate representatives of their neighborhoods. One leader expressed the problem as follows:

There is a notable lack of African-American CDC leaders, especially when you look at that list of favorite groups that get funded on a regular basis. I think if you could open up the pathways to make [the] executive director [position] be a more viable career path, then that would encourage more talent. That is an issue. And frankly, well – I think there is a difference between the leadership of CDCs and then there is an especially stark class difference when you're looking at who is working for the city's funders.

Funders' Perspectives

Community development industry leaders are not the only constituencies who see a need for the role of CDCs to be reinvented. The community development program manager for a large Detroit foundation indicated that the system needs to change, saying:

So I think [the community development system] needs to evolve... I mean an organization can't really play effectively all those roles, you know? You can't lead on building social cohesion and be a great affordable housing developer and be a great streetscape sort of manager and workforce trainer, right? I really think that asking any organization to do all this as well is a lot. So I think instead what you want is what I would call a "superconnector" or a "steward." Those would be the watchwords I would use. A community development organization takes on a certain geography of focus – frankly to me that could be a block club or it could be an organization like Midtown Detroit, Inc. that oversees a huge district with lots of stakeholders – but at the end of the day that entity is waking up and going to bed worrying about that geography and the people within it, and the institutions within it, and businesses within it, and while they may not do all the work, they facilitate all the work getting done.

Another foundation program officer described a similar vision of the role of CDCs, emphasizing that the traditional role of affordable housing developer is no longer viable in much of the city:

My view of the role of CDCs is that the system many years ago was all about affordable housing, and I think that there's not a need for that in Detroit these days. We need community-based organizations that understand the resources of the community and people who represent that community – putting [together] resources there for economic development broadly speaking. So we, really, there are specialty organizations that work citywide... We really need geographically-focused organizations to help neighborhoods move forward. So I see that as absolutely critical. You know like the organizational basis from which to, to work with later on, who can partner with the specialty organizations. So we need to build a good strong network, a solid network of CDCs throughout the city. That's what I would love to see.

Most grant opportunities from philanthropic foundations are focused on specific projects or programs, rather than on providing operating support (which CDBG does provide). This means that CDCs must compile enough piecemeal funding to cover their staff and operating costs. As one industry leader explained:

A lot of funding now is focused on specific projects... The downside for CDCs is...nobody works harder than CDCs staff. It is not a job that is confined by 9 to 5, and you find yourself doing things, like random things, like talking to groups about code enforcement or there's a lot of stuff that a CDCs staff person does in his or her day that isn't directly tied to a project. It's just for the greater good of the neighborhood, and lacking general operating support, that time is unfunded. That is a minute and dollar loss to the CDC, even though it's for the greater good. That's really problematic.

One foundation program officer indicated that their foundation was planning to begin offering multi-year operating support to CDCs to better enable them to serve their community organizing function, so this trend may be reversing in the future.

According to industry leaders, Detroit's funders are emphasizing commercial revitalization, small business entrepreneurship, mixed income and mixed use development, and vacant land reuse. They point out that there are gaps for which there is desperate need for funding, particularly home repair funds to support low-income home owners and professional development funds for community development practitioners.

Funders, influenced by the *Detroit Future City* plan, are interested not only in funding certain kinds of programs; but also in investing in specific neighborhoods. CDCs located in rising markets are most likely to receive funding. This creates a repetitive cycle where CDCs in rising markets receive funds initially and then receive additional funds because they are now viewed by funders as a reliable investment. As one industry leader explained:

So if [a CDC is in] a declining market, it's hard to attract investment to the area. So they're not getting a whole lot of attention...So what we've seen in the past years is a lot

of the funding has been siphoned to particular organizations [in rising markets], and lo and behold, because they're the ones that are getting funding, capacity increases. So it's a bifurcation of capacity. So if you're not on the favorite list, it's really hard to climb up out of that hole.

One program officer explained that in evaluating grant applications, their foundation looks for a track record of leadership and ability to fundraise, a clear geography of focus, a clear strategy, credibility with residents, and willingness to collaborate. As the community development industry leader suggested, the foundation does take markets into account and systematically invests in rising neighborhoods. As the program officer described it:

I mean it's pretty simple. I think we always intended to revitalize the whole city. There was never any intent to sort of take on part of the city and leave the rest of the city behind. I think we felt that strongly neighborhoods need a strong core, and the core really produces the kind of economic surplus that can, the core is a kind of really important economic foundation for neighborhoods across the city. So we invested early in the greater Downtown core, but always with an intent to move more intensively into neighborhoods once we stabilized this core kind of economic foundation. Now [we're] really turning our focus and attention to neighborhood redevelopment.

In targeting neighborhoods for redevelopment, the program officer indicated an important consideration is the ability to leverage existing assets. This approach focuses on investing in neighborhoods which are relatively strong, rather than investing in the most distressed areas. For example, investing in the East Jefferson corridor a commercial corridor that runs from Downtown Detroit to the wealthy suburb of Grosse Pointe along the Detroit River, made sense:

Things I would be excited to support the future... there are certain geographies I'm particularly intrigued by... I think it's a combination of some existing assets or adjacencies. So in the case of East Jefferson, there's an adjacency to Downtown on one end of the corridor, and Grosse Pointe on the other, so sort of places of strength within the region. The adjacency to the riverfront is really important... These kinds of existing assets and fabrics suggest to me that there's like some real strength to build on there.

One of the case study neighborhoods, Faith Square, was named among the places for potential investment, based on this logic:

And in Faith Square, of course, with its adjacency to Midtown...and the fact that it will be right on the new transit line. I really feel like there's great potential there.

Navigating Old Detroit vs. New Detroit

In addition to being a connector, one foundation program officer indicated that CDCs will have a role to play in bridging the gap between New Detroit and Old Detroit, promoting what he called “social cohesion”:

I think community development organizations have a huge role to play in helping everyone kind of bridge to this next phase of Detroit's history. Clearly if you have a city where there's a lot of high vacancy neighborhoods, even the moderate vacancy neighborhoods, even low vacancy neighborhoods, people are going to have to come from somewhere. They can be moving back, they could be moving within the city, within the region, and they can be completely newcomers who just show up and know nothing and want to live in Detroit. And they're going to sometimes reflect the majority population in Detroit in their race or other characteristics, and sometimes they won't. It's kind of how cities work. So, I completely understand the fears of the frustrations, the sense of new and old, and then them and us, and those challenges in the city. So I think, you know all we can ask of our community development organizations and our community development leaders and resident leaders is that they try their best to build bridges, you know, rather than drive wedges between different communities, different populations.

In this logic, CDCs should maintain a place-based focus, capitalizing on neighborhood assets and playing a bridge-builder role as the city changes. In chapter 4, Faith Square CDC will struggle with executing this logic while still maintaining credibility with its residents.

Leaders in the community development industry in Detroit presented a slightly different perspective on this topic, speaking to the potential of CDCs to function as advocates for their neighborhoods as developers invest in the city. Detroit’s CDC network is patchy, and not every neighborhood has a CDC, which raises concerns for one industry leader:

I'm beginning to [think we should] make sure that every district in the city has a well-established resourced community development organization. An immediate concern has been the area of Livernois and Six mile...There hasn't been a very strong community development organization, and it is now one of these neighborhoods that is being targeted for revitalization and investment...So I started to hear about the plans. They were reaching out to some of the groups to ask about what would be the community

engagement process. This is some work where the community needs to be around the table...And there wasn't an ideal group for them to work with... That's the concern I have, that if there isn't a strong community development organization when there's work to be done, when there's investment, when there's decisions to be made, that the city will overlook any level of community engagement because they decide that there's not an easy partner.

This advocacy role extends into facilitating conversations around New Detroit, Old Detroit, and gentrification. One industry leader gave a balanced approach to the discussion, but unlike the perspective shared by the foundation leader, emphasized that CDCs have a responsibility to advocate for long-term residents:

If we truly all want the same things, which are improved neighborhoods, I think we should all be working toward that. When you get down to it, everyone may not have the same interest, and that's the problem some people feel, is that - and I have felt that as well - that for some people, they're really not interested in improving Detroit for the current residents, and so displacement is not a concern with them. For CDCs, that's a lot of the fear. Some of them, they don't want their neighborhood to go the way of Midtown, which is the feeling that there is displacement, there are businesses and shops that the residents can't even afford or can't participate in. They're just not designed for them, and that's why I always say community planning is so important, because you get to hear what people really want. They get an opportunity to be at the table. It gives a roadmap, or at least makes it more difficult for a developer to just come in and do what they want, because you have an organized, you know, group of residents, who know how to mobilize, who know how to identify, negotiate, say what they want.

A clear tension between advocacy and conciliation exists for CDCs as the city's demographics change.

Discussion

The two CDCs examined in chapters four and five are navigating an environment that is in flux. They are part of an industry which now seeks to redefine itself. Post-bankruptcy Detroit is seeing levels of coordinated redevelopment efforts and private sector investment not seen in decades. This context presents a variety of new opportunities and constraints for CDCs which likely differ from those of the traditional CDC focusing on affordable housing development.

Unlike CDCs in many cities, Detroit CDCs do not rely on CDBG funds. Due to disinvestment and an eroding tax base, a large portion of CDBG funds have gone to municipal projects, to pay city staff, and toward loan payments, rather than being sub-granted to CDCs (Ash et al., 2009). CDCs have adjusted their practices to support themselves through private philanthropy. The tasks of neighborhood development which were privatized to the voluntary sector through CDBG are largely now done using private, not public funds. Importantly, private funds are not necessarily required to be used for the benefit of low- and moderate-income residents.⁴

At the same time, the way the community development industry is being reimagined has important implications for the relationship between the state and the voluntary sector in Detroit. As the community development industry redefines itself, its leaders argue for CDCs to play a role of neighborhood representative and advocate, particularly with respect to negotiating for community benefits as private sector builders and developers enter their neighborhoods. If we consider the ideas of accountability and representation, this proposal is problematic. Even by the weak measure of board membership, many Detroit CDCs are not resident controlled. In these cases, Detroit residents have few means of controlling or sanctioning local CDCs short of public protest. Unless the structure of CDC governance is altered, this proposal would legitimize CDCs as neighborhood representatives despite their lack of downward accountability to residents.

⁴ This is not to say the low- and moderate-income requirement of CDBG is always followed in practice. Instances of CDBG funds being diverted away from low-income communities have been documented (see, for example, Wong and Peterson, 1986).

CHAPTER 4: FAITH SQUARE

Introduction

In this chapter, I present the case of Faith Square CDC, an anchor institution in the Faith Square neighborhood for over 20 years. This case study illustrates how the shift to CDC reliance on funding support from private philanthropic foundations can lead to CDCs being co-opted to implement neoliberal redevelopment plans, even when CDC staff oppose these logics, resulting in losses in the CDCs' perceived credibility among long-time neighborhood residents.

The Faith Square Neighborhood

The Faith Square CDC serves two zip codes, and focuses on a 24-block area surrounding its offices. Its service area is home to 35,610 people, and the smaller, targeted area is home to 14,000 people. Faith Square has been home to low-income residents for at least the last 50 years (Sugrue, 1996). Large portions of its population are poor, underemployed or unemployed. 42 percent of the population live below the poverty line and only 36 percent of adults are employed (US Census Bureau, 2015).

Like much of Detroit, the neighborhood has struggled with a declining population and high vacancy rates, losing 3,000 residents between 2010 and 2014 (2014 American Community Survey, 2010 U.S. Census). Most homes in the neighborhood are detached single family structures or two family flats built before 1940 (2014 American Community Survey). In 2014 the Detroit Blight Removal Task Force surveyed 17,223 properties in the Faith Square CDC service area. 35 percent of the properties surveyed were lots and 26 percent of the structures surveyed were unoccupied (Detroit Blight Removal Task Force, 2014). Of the homes surveyed in 2014, 30 percent of properties were in less than "good" condition. Despite the population

loss, Faith Square (especially the 24 block radius surrounding the CDC's offices) is more densely populated than many Detroit neighborhoods. When asked how the neighborhood has changed since moving in, residents spoke about the number of vacant properties as a salient change:

"It has been a drastic change in the community. Meaning ...it's physically gone down. The vacant houses, the unkempt lawns, people more or less just leaving homes."

—Christine, Lifelong Faith Square resident

"The apartment buildings across the street are vacant, that's changed, because they were thriving, and had residents, but so yeah, I don't like that, so I'm hoping that someone will hurry up and, you know renovate, because that can be dangerous."

—Maria, Ten year Faith Square resident

Figure 11. Faith Square CDC Service Area 2015 Parcel Map



Recently, the neighborhood’s location has made it appealing for developers and speculators. Located between a rapidly gentrifying neighborhood and a historic district whose homes are being marketed to families interested in moving into the city, Faith Square is the “hole in the donut” as the executive director of Faith Square CDC described it. A new public transportation line being constructed near the neighborhood which will connect the area to Downtown Detroit which has made residents and CDC leaders increasingly concerned about possibilities for gentrification.

Figure 12. Faith Square Racial / Ethnic Composition

<i>Racial / Ethnic Group</i>	<i>2010 Population (% of population)</i>	<i>2014 Population (% of population)</i>	<i>Change in Population</i>	<i>Racial / Ethnic Group</i>	<i>2010 Population (% of population)</i>	<i>2014 Population (% of population)</i>	<i>Change in Population</i>
Black / African-American	34,461 (89.4 percent)	30,822 (86.6 percent)	-3,639	Native Hawaiian / Pacific Islander	0 (0.0 percent)	19 (<1 percent)	19
White	2,498 (6.5 percent)	3,141 (8.9 percent)	643	Two or More Races	852 (2.2 percent)	857 (2.4 percent)	5
Asian	495 (1.3 percent)	584 (1.6 percent)	89	Hispanic / Latino	531 (1.4 percent)	370 (1.0 percent)	-161
American Indian / Native American	112 (0.3 percent)	64 (1.8 percent)	-48	<i>Source: U.S. Census Bureau</i>			

Faith Square CDC’s service area is already experiencing changing demographics. African-Americans comprise the largest racial / ethnic group in the area (87 percent of residents), followed by whites (8.9 percent of residents). While African-Americans remain the majority of the population in Faith Square, the white population of the area has been growing while the black population has decreased substantially. The number of white residents increased by approximately 20 percent (around 650 people) between the 2010 Census and the 2014 American Community Survey (2,498 residents in 2010 up to 3,141 in 2014). During the same period, the black population dropped by 3,600 or 10 percent (from 34,461 in 2010 down to 30,822 in 2014). While a small change, with whites making up only two percent more of the total population in

2014 than 2010, the prospect of this trend continuing has become a great source of concern for Faith Square CDC and its residents, especially as the CDC evaluates its future priorities.

Faith Square CDC

Faith Square CDC was founded by its current executive director, Joanna Walsh, in the early 1990s as a Christian mission project. In its mission statement, Faith Square works “to transform individuals to reach their highest potential value, while transforming the community to be a place of peace.” The CDC works toward this mission by operating three branches of programming:

- youth development / education,
- economic / business development, and
- housing and neighborhood revitalization.

Joanna understands poverty to be the root cause of many of the challenges facing the neighborhood. As she describes it:

I would say that the overall problem, if you want to phrase it that way, is poverty. It's a very economically depressed, financially unstable community. And that has a lot of offshoots – we have high crime rate, high drug rate (drug use or drug sales), high unemployment rate, too many adults who have not graduated from high school and failing schools for kids today, so there's a need for greater opportunity.

This perspective places employment and education at the forefront the CDC's work.

Neighborhood revitalization and housing efforts are meant to complement the work of addressing poverty.

Over the 20 years since its founding, Faith Square CDC has become a leading CDC in Detroit, winning many trade association awards for excellence. Its business development efforts have attracted national attention. Larger than the average CDC in Detroit, Faith Square CDC employs 13 people and has an annual operating budget over \$2 million. Most of its staff live in

the Faith Square neighborhood and are African-American, although the executive director, Joanna, is white. Several of the senior staff members have been with the CDC since its founding. While Faith Square CDC's offices are unassuming, its impact on the neighborhood, particularly the 24-block focus area, is clearly visible. Pristine playgrounds on vacant lots are scattered throughout the neighborhood. Neatly painted commercial buildings which house the CDC's business enterprises stand out from the neighborhood's largely abandoned commercial corridors.

Impacts of 2008 Financial Crisis

Historically, Faith Square CDC's programming has been split between initiatives designed to develop residents through education and employment, and initiatives designed to develop the community through neighborhood revitalization and housing efforts. Faith Square CDC experienced much success in these areas, particularly in neighborhood revitalization, until its efforts were undone by the 2008 financial crisis. Executive director, Joanna Walsh, described the impact of the crisis as follows:

We were on [the] path [to shore up the neighborhood] and then the recession comes in 2008, and pretty much decimates everything we've done. We're 14 years old in 2008, and we had gotten this development area down to 27 vacant / abandoned homes. Then in 2009 it shot up to 103 in 24 blocks. So all that work you've done is levelled and you're now at ground zero. You're below ground zero, because four times as many homes are abandoned than were after 14, 15 years of your work. So it's like you're starting all over. And then what we also experienced was along with that abandonment, obviously, families left...In the two mile area, and I think we saw 54 percent of the population leave this community since 2008.

The financial and mortgage crises not only undid years of work, it prompted a shift in the CDC's goals. Bringing new people into the neighborhood in order to slow the population decline and repurpose vacant properties became one of the organization's primary goals. Joanna

described the transition as making housing more central to the CDC's work than it was in the past:

We never thought we'd have to include as one of our goals, bringing people back into our community, but it is. We have to repopulate... Housing has a greater emphasis than it did in the past...It took us a couple years to get our bearings and to realize what happened... I think we're still trying to figure some of those things out, and trying to have our pulse to the ground in terms of what the community needs.

Over time, Faith Square CDC realized that attracting new residents had to be complemented by efforts to enable residents to stay in their homes. The CDC now rehabs vacant houses for resale and offers counseling for residents facing foreclosure. The CDC's housing director describes this approach as a "both – and" approach:

Our goal was to rehab the neighborhood, but then our other members were losing their homes... We're here to develop these houses, but if I'm developing this house and the [people in the] house next door are losing it, how do we help them? We said we're going to do both - and. So now we have a property manager to maintain the houses that we're developing, [and] we have an arm [for counseling].

Faith Square CDC has invested a significant amount of its resources and energy toward solving the housing problem, making zero vacancy in its 24 block focus area one of its primary goals. This requires making the neighborhood attractive, both to retain current residents and to attract new residents. Joanna estimates that the CDC is about halfway toward completing this goal. One new white resident who operates an Airbnb in the neighborhood saw Faith Square CDC's visible impact as a central reason for choosing to buy a house in the neighborhood:

When I came and saw the house, the house was in good shape. Everything looked good and I wandered around the neighborhood - and this is five years ago (2010) - and knocked on all of the doors that didn't seem abandoned and just asked people what's going on. And again and again I heard about the CDC ... So now I feel comfortable to be in this area because it's in the purview of this organization.

The CDC's focus on neighborhood stabilization, coupled with the concerns about gentrification in neighboring areas, has been met with suspicion by some of Faith Square's

residents. Both Joanna and Faith Square CDC's assistant director, Teddy Hatcher, described accusations made by residents that Joanna was fixing up houses in order to move more white people into the neighborhood. In Teddy's words:

It is a real concern. We have a lot of people coming (moving in) in that [are] outside of the race (African-American). People look at our organization and they will say Joanna is moving all these new people in. And these new individuals don't look like us. That becomes a problem...Even though people say, yeah, your property values are gonna go up, they still view it as negative that these, that those people are coming in and taking our property, and it's to those people we're losing our property.

The idea of "losing our property" is closely tied to the impact of the widespread swath of foreclosures that resulted from the financial crisis. Through foreclosure, properties often wound up in the hands of Wayne County or the Detroit Land Bank, who auction off properties for fractions of their tax assessed value (MacDonald & Kurth, 2015). A common sentiment in the neighborhood is that newcomers receive special advantages, while long-term residents struggle to maintain their homes without support. This view was explained by Faith Square CDC's assistant director, Teddy Hatcher:

It's heart-breaking when...a man down the street who had been living in his house for forty years, so he'd been paying taxes for forty year, [He lost the house] and somebody else comes in and they sell it for \$5,000 and that's heart breaking to a person, who – that was their bread and butter and all they invested into.

Long-term residents, especially home owners, expressed frustration that no support was available for them to maintain their homes, when a great deal of money and resources were being spent to remodel the vacant homes for someone who would buy it at a discounted rate. One resident, Christine, who lives across the street from the CDC's office, even expressed a concern that as the neighborhood gentrifies, her inability to maintain her home could lead to neighborhood-displacing fines and penalties:

I have a house, but for me to stay here, in order for me to stay here without walking away from my home, it's repairs. I need to do repairs on my home... there's no way out. You go, you call, you ask, and you always get no, we can't assist you, go back to your neighborhood... So my thing is, as time passes, you and I both know as the neighborhood comes up, or goes back to what it used to be, there's a possibility that you could be penalized for having things like this one. Because if you look at my house, people might say no one lives here.

The CDC's decision to invest in housing rehabilitation and attract new residents has contributed to a sense that there is an unequal housing market in Faith Square and that the CDC supports this. On one end of the unequal housing market are long-term, largely low-income African-American homeowners who paid market rate prices for their homes, paid taxes for decades based on overvalued property tax assessments, and who have not received any support from the city or from philanthropic sources. On the other end are the new comers, far whiter than most of local residents, who purchase homes formerly held by African-Americans at discounted rates. The situation in Faith Square closely follows Neil Smith's rent gap thesis (1979). The availability of discounted properties through foreclosure auctions and potential rents available in Faith Square due to its proximity to Detroit's already gentrifying neighborhoods, aided by a new transit line, produce a large enough rent gap to entice real estate speculators and white urban pioneers to invest in the neighborhood.

Accountability and Governance of Faith Square CDC

This CDC's strategic initiatives are set by its board of directors through a strategic planning process during which the board members prioritize how the organization's resources will be used. In its most recent strategic planning process, the board discussed how it would address the prospect of local gentrification. After an arduous process, the board decided that while it would still primarily focus on serving low-income people, it would extend its services to middle income residents, as well. Joanna described the planning process this way:

This past year, our board of directors, along with some key staff people, completed our strategic plan. It took about eight months to put it together and to really talk about a lot of these issues that we've been experiencing, and just the change of the demographics in the neighborhood, and what are we doing that's not relevant any longer... We were trying to address the perceived gentrification and the actual gentrification. We've been established as a community development corporation who has exclusively worked with low and moderate income families. So, do we need to change what we do? Do we need to stay true to that mission? So that's part of the strategic plan, just trying to figure all of that out. You know, as the neighborhood changes, and develops a contingency of middle income folks, which is healthy for a neighborhood, but does it change our focus as to who we are?

I think our position - there was quite an arduous discussion over the course of a couple months with the different board and staff, and all that, was that our primary customer - if you call them that, and I don't like calling them that - is low to moderate income families, but we are called to reach our whole neighborhood. And so, you know, it's not like if there's a middle income person here and a low-income person here, we're only going to serve them - we're going to serve both. But our priority would be to serve those with the greatest need.

Differences in opinion about the consequences of gentrification are evident among the senior staff, which may have contributed to Joanna's description of the planning process as "arduous." The director of housing does not think that displacement of residents is a possibility, and generally sees the change as positive:

Well, I see [the neighborhood] changing. Gentrification, changing. We're getting a new transit line. A lot of people are moving back to the city, so I see it transforming that way, and it's great, because then we have people that can sustain the homes that they're purchasing and then our neighborhoods are whole.

This view aligns with the dominant narrative about revitalizing Detroit – new residents who can care for now vacant property are a boon. However, Assistant Director Teddy Hatcher does not take the prospect of gentrification so positively, pointing out a sense of loss residents feel when newcomers come in.

The decision to make the CDC's work available to the neighborhood's emerging middle class was made by its board. The board consists of 15 members, only 40 percent of which are

neighborhood residents. Joanna was quick to point out that a majority of the board reside in Detroit, pointing to the deep tension between Detroit and its suburbs:

Our board is 15 people right now. Two-thirds are from the...one-third is from the suburbs. It is almost a 50-50 split between male and female and it is 60 percent African-American and 40 percent Caucasian. Young and old. People from the neighborhood. So it's a pretty diverse, eclectic group of people. That's who they are... Within our by-laws, as is required to get any kind of subsidized funding from the government for housing, you have to have a board that's composed one-third of the community. So we do that. 40 percent of our board is from the community.

Echoing the points raised by community development trade association leaders in Chapter 3, Joanna described that a major barrier to having a resident-controlled board is the skillsets and fundraising capability needed in a board member:

You want to be community-sensitive, but the community doesn't always have the skills set you need to really propel the board to where it needs to go. Or that will propel the organization to where it needs to go. And, so you've got this very real tension. And I'm not going to say we've resolved it. We've been able to skill up our board. We've been able to find people in our neighborhood who have great assets. And very intelligent people sitting on our board. But a board member's role is to do fund development - that is one of the primary roles. It typically doesn't happen in a low-income community. Or, the concept of what does happen is [having a] bake sale or a chicken dinner fundraiser, and those garner a couple of hundred dollars, so it is tight. The main thing I would say it's a tight rope, a balancing act between the two.

This means that while residents have representation on Faith Square CDC's board, they do not control the organization, even by the weak measure of board control.

Although residents do not control Faith Square CDC's board, its staff tries to represent and amplify the community's voice, which is heard at quarterly meetings. While community members can voice opinions and ideas at these meetings, some of which are adopted by the CDC, these meetings serve primarily as an opportunity to receive feedback on CDC programs and as an outlet for residents to vent frustration. Executive director, Joanna, believes these meetings are largely an opportunity for people to complain, and are not necessarily good for

“getting the pulse of the neighborhood.” For her, community engagement and understanding the community’s priorities comes from living in the neighborhood. In her words:

Well, I think community engagement goes beyond the meeting. I think community engagement is that the majority of us [employees] live in this community. So, I'm riding my bike, and I'm walking, and I'm talking to people and people are talking to me and you get a lot of feedback on the street that way. So I think meetings - meetings are designed for people to come and complain, you know? I'm only coming to this meeting because I'm mad about something. That's typically what happens, and so you don't always get the full pulse of the neighborhood by that. But, we have, and knowing that, we've intentionally tried to make our community meetings very upbeat and we always start with talking about what the positive things that are going on are. And trying to make sure that we're doing things that keep people - I don't want to say mollified or pacified, but keep people happy, in the sense that we do care about you, and we haven't forgotten about you, and that's pretty important. So, it's more than a meeting is my point.

Other staff members reported that the community meetings are a way to get input on how to prioritize the organization’s resources:

We go and we have our community meetings, and tell them what our goals are, and see if they agree with our goals. You know, it's not really about us, but I know a lot of them want to see - they don't want to live next door to an abandoned building, so what we do is, we open it up for discussions and we say, what's the biggest thing? Some people say light, we need lighting on our streets. We need these houses torn down. We need this garden across the street mowed. So what CDC does, we have a lot of people that come and volunteer with us and so what we do is some of them have labor and some doesn't have any labor, so what we do is, we try to write those needs and those desires down, and try to delegate some of the things. Sometimes we have money to do it. Sometimes we have volunteers to do it. Sometimes it doesn't get done, because it's just not there, but we try to do it that way.

Getting community input is not the same as the accountability to residents that would come through an elected majority resident board, but sometimes community input has led to tangible results. For years, residents had brought up the need for a laundromat in the neighborhood. In August 2015, the CDC opened a laundromat as one of its business enterprises.

The tension between long-time residents and newcomers has permeated the community meetings. Teddy Hatcher described how a ritual of letting the neighborhood elders speak first

has emerged in community meetings, as a way to make sure the voices of long-term residents are valued and prioritized:

What we do is, we allow the people who have been the shareholders, shareholders in the community we call them, the shareholders who have been in the community with longevity, we allow them to have their voice first. [There was a time when] they were trying to make one of the one-way roads a two-way and we met and the community was like, no one needs [this road] to be a two way. And it was the new people coming in, and not letting the community have a voice and their voice was louder than people who had been here for 40 or 50 years or 60 years or whatever. So what we do in our meetings is say, okay, we're going to let [these people] go first - we're going to honor those senior citizens, we're going to hear from them now. And they are always negative, but they know, they saw what the community be like, they've seen the changes that have been happening, So what we do is we allow them to have a voice in the community first, and then the newcomers. Because newcomers, you know, they got a whole bunch of ideas and want to say this and this, but we want to say ok, let's use some wisdom and try to balance it out.

While the Faith Square CDC staff often spoke of the importance of the community meetings, many resident members of the block club of the street the CDC is located on did not know about the meetings, and were largely unfamiliar with the CDC's programs. A conversation with Christine, the life-long Faith Square resident who lives across the street from the CDC office, is illustrative of what other residents on the street shared:

Resident: In my opinion, okay, they need to also reach out to those that have been in the community, to see what their needs may be. Like I said, from what I understand, there's a lot going on, and I don't know if the people in the community are receiving these resources, but still, it's all good, because we don't want to see the area go down. Because when, when you see an area go down, then the crime goes up.

Melissa Heil: Do you feel like you have any say over or way to provide input into what the CDC is doing?

Resident: No, they don't send out anything for community meetings or anything like that so, how would I get involved with them?

Some residents more familiar with the CDC's work expressed skepticism about the influence they could have over the organization, but generally thought the CDC was a benevolent influence in the neighborhood:

“I'm not sure. Sometimes they tell you you've got a say, and they let you talk, and then they make their decision the way they want....Joanna's doing good stuff in the neighborhood. I'm sure she's sincere in her wanting to treat...you know have the city look good and so on.” -50-year Faith Square resident

“As far as their decision-making, higher-level stuff, I mean I'm sure they're taking in whatever information and putting it through their filters, and then making decisions, but that goes for any, any organization. ... But, I think if you had some sort of issue and walked up to CDC and said I need to speak to somebody about this issue, I think they would certainly listen to you and I think that, I think they're really responsive.”

-Allen, Five-year Faith Square resident and AirBnb operator

Despite the staff's commitment to hearing the community voice, mechanisms of accountability to residents are weak, at best, and poor communication about opportunities to discuss community initiatives with the CDC has led some people to wonder if the work of the CDC is for them.

Funding

Faith Square CDC's actions are not simply directed by its board and by resident desires. The choices they make are constrained by the interests of the funding institutions around them. Like many Detroit CDCs, securing reliable funding is a struggle and was named by the staff as one of the primary challenges facing the organization. Ensuring that funds are reliably available is a main reason why the CDC does not apply for Community Development Block Grant funds, which, as described in Chapter 3, have a poor history of being paid on time. Joanna explains the potential risks of using CDBG funds below:

We have gotten CDBG funding in the past, but the timeline for reimbursement is so long that it puts us at risk to have that much money out there and waiting for reimbursement, so we've chosen not to do that. I feel sad for those that do that too, who are forced to, but yeah the reimbursement rate - I've heard it's gotten better but I've also seen by being fiduciary for a couple of groups who get the money how the budget changes and the strain, and what was originally eligible is no longer eligible, and I just don't want to play those games.

Rather than apply for CDBG funds, Faith Square CDC has received grants from a wide variety of private philanthropic foundations with youth and community economic development focuses. It receives financial support from its church networks, and gets a small amount of revenue from operating its businesses. As Joanna explains, these diverse funding streams have helped the organization maintain greater stability than other CDCs:

Our funding streams are very diverse. We have individual supporters. We have church supporters. Corporations, foundations, government. Rental income, developer fees, and so the diversity of all of that, I think helps us to have some stability. Whereas some people may be relying only on one stream. It helps us with stabilization. Some of our major foundation funders would be Kresge, Kellogg, Skillman, Lloyd Mapel Johnson Foundation, and those are the big ones that support us.

Despite the broad levels of support in funding, Faith Square CDC has experienced a pressure to conform to funders' strategic initiatives, rather than funders backing its vision. CDCs function as pawns helping to implement a redevelopment agenda set by foundations. Joanna explains that this has been a change she has seen in the approach of Detroit philanthropy:

I think the major shift that we've all experienced in Detroit is that the funders, the foundations have become more programmatic in their approach, where they are actually running programs or they really have this strong vision of what they want to see done, as opposed to hooking their star onto your vision, and so you've got to fit into their buckets, much more intently than you've had to in the past. With Skillman, you have to fit their "ACT" framework. Is your program achieving, connecting or causing kids to thrive? Are you doing a b c d on that, and if it doesn't, you're out of there. You know, Kresge follows Detroit Future City plan, and you've got to make sure that you fit within that, and you know it is all about community development and it's almost....and they've been so benevolent to us, I'm not trying to sound negative...but it is almost like they'll pick you, you don't pick them. And we've just been honored that we've been picked, you know if we fit with what they want, and they want that done, fantastic, but if you have an idea, I feel like it's almost like forget it, we don't have time for that. So that's kind of been the general feel overall... The same thing with Kellogg, they've all got an agenda. And part of it, I don't know if they've lost confidence in the non-profits, in the non-profit community, or if they feel they need to be more aggressive. I don't know what their mind set is, but that's been different. That's been a different way to adjust to.

She sees some of this approach resulting from the distance philanthropists have from doing the day-to-day work of community development:

Well, I think when you live in an ivory tower, and that's what we always say about funders is they do, it's very easy to think of logical explanations for why people are in the circumstances they're in. And that there must be a logical way to get them out of that circumstance. And if you don't have the boots on the ground type of experience of doing it, you don't realize 1+1 never equals 2. You know, that things just become very strange and odd...So something that looks like it should be an easy fix, once you start clearing away and seeing all the stuff that's there...And I know that's true of middle class America too. They're going - there's all sorts of obnoxious thoughts toward the poor or towards these unstable, destabilized neighborhoods. You know why can't they get it together? Because there's so much that keeps them down. And so when you're working from an ivory tower or you're not here living it out, you think that that problem should have been solved. We gave you a million dollars, why hasn't that problem gone away? ... But people don't realize how difficult it is. So that's why I think they've taken the helm. I think some of them can see that it's not as easy as they thought it was, once they start doing programming.

Operating support which can be used to keep the office lights on and to pay for staff is in particularly short supply. Foundation support is primarily available for programs. With the weakness of the CDBG program, Faith Square CDC conforms to the agendas of these private foundations in order to amass enough programmatic funding to sustain the organization.

From Joanna's viewpoint, funders have underestimated the amount of resources it will take to address the problems generational poverty has created in Faith Square. Rather than provide the resources, she has grown concerned that the funding available to Faith Square is designed to prepare the neighborhood for gentrification, rather than to address these challenges:

Hope Field (referencing another Detroit neighborhood) has been a destabilized neighborhood, don't get me wrong, but overall it's been a working class neighborhood. It's not experienced generational poverty. Its experienced situational poverty. And so when you've got that, you're just one step away from being out of poverty. That's a much easier fix. You're talking about this neighborhood, where its generation after generation after generation after generation of poverty and they don't know anything except poverty. That's a lot harder to pull someone out of. So, Faith Square and Hope Field - we're comparing apples with oranges. They're not both apples. But, again, when you're looking down from 10,000 feet on your plane, you don't know that. Those are some of the reasons why they programmed and why I think they will either continue not to invest in this neighborhood because it's too hard, or they will realize there is a difference here and we need to be...we need to put more resources in. Unfortunately what I'm seeing is that they're choosing not to. Except we'll invest in stabilizing housing, so that we can gentrify

or so that we can make sure we stabilize so that the folks living south of your area will feel safe, or north of your area.

Teddy explained that while Faith Square CDC tries not to let grant availability change its priorities, it has a responsibility to try to keep its staff employed:

When we're lean you'll start looking at [grants], Joanna will, because she does most of that, go well how can I make this grant fit into what we're doing? Because it makes it very difficult, because you need the money to hire the people. So again, it's like okay, how do you do it? I think people are trying to conform to what the grant is saying or what Skillman is saying, or [the foundation] comes in and looks at our program and was like, okay this is good, but you're not doing this right, you need change this.

Funding opportunities for the CDC's work are limited, and increasingly private foundation support is tied to the adoption of a particular redevelopment ideology. These efforts constrain the organization's ability to redevelop Faith Square in its own vision. Rather, as Joanna pointed out, their efforts are used as a means to advance a pro-gentrification redevelopment agenda. While the CDC resists this idea they are constrained by the need to sustain the organization, particularly to continue employing its staff.

Demographic Change

Residents and staff all reported that the Faith Square neighborhood has begun attracting new residents in recent years, who are often white and middle class. Census data does show a slight increase in the white population of the Faith Square CDC service area. Allen, the white Airbnb owner, reflects on how the neighborhood has changed since he moved in in 2010:

It's quieter. Like when I first moved in here, there were a lot of parties across the street in the park there, and it was sort of like – everything I look at has got positives and negatives, you know what I mean – so yeah, it was a little bit louder, maybe a little more sketchy, maybe a little bit more people letting off steam, kind of fist fighting on the side, you know what I mean? And all of that's not really my scene, you know like I'm not really socially adept to move in those kind of circles. But at the same time, I appreciate that there was people. I mean that is community, people coming together, right, in any sense of the word. And yeah, maybe it was a little rowdy, maybe it was a little bit, you know, not the best, but at the same time, now we don't have that...So that's a change that's kind

of like....I don't want to say it's a gentrification thing, or like who knows, right? Like maybe people just kind of realize this park isn't a party kind of park. We're going to party at a different park. I don't really know the situation... And there's been a demographic change, obviously. When I was the first Airbnb in Detroit, let alone in this neighborhood, and now there's four hundred in the city and probably a dozen in this neighborhood... So that's been a change in that one little tiny business, people doing their own home businesses and stuff. Uber drivers, that kind of stuff. And there's been some hipsters moving in, that kind of stuff. People moving in. Students moving in – that's been a demographic change in the last five years. When I bought in 2010, it was ahead of the wave, you know, but the wave was coming, you know.

When describing changes in the neighborhood, Allen is tentative and uncomfortable ascribing positive or negative values to the changes he's seen in the neighborhood. This tentativeness and uncertainty was present in talking to many residents. Discussing race and gentrification is an uncomfortable conversation, and is one that Faith Square is struggling to have.

The CDC has struggled to understand its role in the context of these demographic shifts in the neighborhood. In part, it feels pressure to build bridges and remain silent on the impact (the demographic changes and prospect of gentrification) of the foreclosure crisis in the area. At the same time, the organization's mission has historically been to serve the poor. The CDC does not have the funds to compete against speculators looking to gentrify the area. Joanna expressed a frustration that the CDC cannot control the rise of speculation and other interests interfering with Faith Square CDC's ability to achieve its mission:

Gentrification is becoming the new buzzword in the City of Detroit. And as the new transit line is being built, and [this area is] more in demand as prime real estate, we've got speculators who are moving into the community or are buying up property. Families have value that have not had value before and it's bizarre. We're all for the work we've done in terms of trying to stabilize the neighborhood. It's very frustrating that in a sense, we're not flush with cash that we can bid against somebody who has unlimited funds [for property] that I think would be very relevant for the community, but this person is going to win out because they have deeper pockets. In a sense, you as a non-profit aren't relevant.

As Joanna expressed, the changes in the neighborhood are not directly due to the actions of the CDC, and some developments are even in line with their vision, but now the CDC is just one of many players trying to reshape Faith Square, which may threaten the CDC's desire to improve the neighborhood for its long-standing low-income black residents. Teddy explains that Faith Square CDC staff are torn between a desire to build unity in the neighborhood and to speak out against the advantages being offered to newcomers over long-term residents. A fear of being perceived as discriminatory or "racist" against the new white population has made the issue particularly hard to address:

Change is very difficult, because we are the voice [of the community], we believe that the community should be made whole, we believe that we should protect the people and all that, so how do we continue to be that voice, even though change is happening and the neighborhood doesn't shift to the point that you don't see the people that you normally would? So that's hard, that's very difficult. You don't want it to be like...racist. And you're not racist, you're trying to protect the voice of the people, because the people are saying it – "they're taking all our stuff," cause that's the way they feel it, it's their viewpoint. So how do we still remain the voice of those people and these people and kind of be a bridge to bring them together and say the neighborhood is changing, and the change is good? It's difficult, because, again, they're going to look at it as an negative, and they have ... So, we haven't really stood on a soap box to say anything about it, about none of that, we've just really been praying about and seeing what would be our move, if any, to talk about it. Our thing is still protecting our people in the community.

Teddy acknowledges that this silence around the topic has the potential to become toxic. Given the long history of tense race relations in Detroit, he does not predict a future where Faith Square is a successfully integrated community without a frank discussion of race in the neighborhood:

They don't want to talk about [race] ... We do care about who moves in. We do care about people coming in, because now they're saying everybody, co-habit together, but nobody wants to have a discussion about what that means. So, will the police come for you, or are they going to come for me? Are they going to come for you before they come for me? You see what I'm saying. So that whole thing, discussing neighborhood police, and stuff has to be discussed and what that looks like. Again, that creates change. We had a new comer and someone said "why are these white people talking?" And they left and they were very offended by it, but again, you've got to understand the tension that's in the

neighborhood, because they're viewing it as being negative, as taking something from them...People don't really want to deal with it. Yeah, they don't want to deal with this.

Joanna adds that she believes her positionality as a white woman hinders the ability of the CDC to meaningfully and productively discuss the demographic changes in the neighborhood.

The new Detroit and the old Detroit. I like that terminology. Can CDC have discussions around that? We can. We have. The uncomfortable part is because of my skin tone that there's still sometimes people not trusting us. Even though we've been here for 20 years and we've done nothing but be protective and be benevolent and be empowering to our neighborhood, there are still people, because of my skin tone who do not trust that I have, that we have the best intentions for the neighborhood. So can we have the conversation? Sure. Does it amount to anything? Sometimes not.

Several residents echoed Teddy's assessment of the rising tension in the neighborhood about race. As one resident expressed, the tension comes from a perception that already privileged newcomers are getting assistance:

Well [the neighborhood is] predominantly black, and now it's becoming, I don't know... It's like a melting pot, it's like a lot of different, you know, people are moving into the neighborhood. I really don't see that as being a problem, I just think of the people that are moving into the neighborhood now, that are different races, their properties are the nicer properties, and again, they're not helping with the old properties, so you might have people that are feeling a little, you know, bothered by that. So I can see that happening. I could see that happening, yeah. So people don't like you moving into the neighborhood, and doing better than them, and they've been staying in this neighborhood all their lives, you know.

While Faith Square CDC staff clearly see the tension in the neighborhood, this resident explained that their silence on the issue impacts her perception of the CDC:

Well, I don't know if they see tension, you know what I mean? I don't know necessarily if they see tension. I'm just saying that, again, what I was saying earlier, talk to all the residents of the neighborhood, give community meetings, invite people to come and see if you have services...Get the community more involved. I mean, if this is what you're doing, if you're really trying to help the people of the neighborhood. I mean I can't particularly tell you what to do, or how to issue out what you're issuing out, or maybe you don't have this type of program, or whatever, but I just think it should be more communication. Everybody should be treated as family. I mean if you want that kind of relationship in the community, you know?

This comment relates back to the earlier mentioned perceptions that the CDC does not clearly communicate its efforts to the neighborhood, and as a result, residents question whether or not the CDC works in their best interests.

As mentioned earlier, Faith Square CDC is highly constrained in its ability to shape redevelopment in Faith Square, such as limiting gentrification. The neighborhood has been particularly impacted by the subsidized redevelopment and gentrification of adjacent neighborhoods. As Joanna explains:

I think there's this misperception, too, that Midtown and Downtown are not subsidized. But they are very heavily subsidized by the foundations. There was a very intentional effort by the foundations to create Midtown. And I'm not trying to sound conspiratorial in saying this, but I know when I look at Kresge's annual report ...They fund Midtown \$900,000 a year for general operating support. Do you know what we could do with \$900,000 a year in general operating support? The foundations have very clear intentions and designs about what they are doing. I mean they are subsidizing Midtown Inc. to be who they are and to do what they do to hire high caliber people, pay them more, and then we get their very generous crumbs. Again, I'm not trying to put Kresge down, I'm just showing you the playing field is not level. And there's nothing I can do about it. I'm powerless. I can talk to Kresge until I'm blue in the face and say I would like \$900,000 too, but they're not going to give it to us. Their design is to stabilize Midtown. I get it, but it makes you feel very powerless. It speaks to the point that foundations have their designs and what they want to do and their programs and it continues to speak to the inequities.

Influence of City Government

In addition to the pressures on Faith Square CDC by its funders to pursue a pro-gentrification agenda, the CDC faces pressure from the city. After years of municipal impotence, the city is newly equipped to provide municipal services, focusing on blight reduction as a priority. As Joanna describes it, the city's emphasis on blight reduction, code enforcement, and sales through the land bank (aspects of Mayor Duggan's Neighborhoods Platform described in Chapter 2) have been "punitive" to the neighborhood and to the CDC itself:

We kind of operate under the assumption that the city is not going to do anything. And that has been the mode of operation for years and years and years... [Now] it's a new guard, it's a new day right now. The city's out of bankruptcy, so it's got a few more dollars in its pocket. But it doesn't feel - it's not the benevolent city government. The role that I see them playing is rather punitive. You know, we're going to fine you, we're going to write blight tickets, we're going to do what we can to confiscate your property - and I'm not just talking about us, I'm talking about other home owners in the neighborhood, and it feels very punitive. It feels very much like we're pitted against each other. It's an us (the CDC) versus them (the city) thing.

In particular, the CDC has been subject to nuisance abatement claims by the Detroit Land Bank on its properties. This has commanded a great deal of Joanna's attention, and contributed to a sense of suspicion between the CDC and the city. Joanna shares one recent case:

The Land Bank has been very active in trying to confiscate and do nuisance abatement cases against us. We have one building and we were told we have one week to get graffiti removed or we else we get a ticket, a fine. We didn't put the graffiti on the building. You think we want the graffiti on the building? Do you think we really want it? But we've been working on it for days to try to remove it with graffiti remover, and its black spray paint on a yellow brick building. So, now I have to paint the brick to comply with the city, which is the last thing I want to do in terms of cleaning the brick. It's the lowest priority, because I'd rather have my windows in, but they want to come, and they want to inspect the building to make sure we haven't done anything else without a permit. And that's just one building, okay. I have to turn in pictures every single month of four different properties showing that it's mowed, and properly boarded up, and if they don't like it, I've got to go back and do something for it, every month for four properties. Two other properties, every 14 days, I have to turn in a report. How is that progressive? How is that helping CDC or anybody else in our situation? It's not. It's just making the city richer. Or making it more adversarial.

These perceived attacks on the CDC's efforts by the city are accompanied by a silencing of criticism of the mayor and his agenda. In Joanna's words:

Oh yeah, from the Mayor that's the whole way this Mayor operates. You cannot be critical. You cannot oppose and if you do he gets rid of you. He's got some of the smartest people in the world working for him, in terms of Ivy League folks and all of that, but they're all yes men. Nobody stands up to him. And he doesn't want nay-sayers. You get on his train or else. So, do people live in fear of repercussion? They do. I don't, because we don't rely on his funding. It's a shame, but I think it's a reality. Yes I do.

Discussion

Faith Square CDC demonstrates the case of a CDC which has been co-opted by neoliberal redevelopment schemes. With the financial collapse and waves of foreclosures in the neighborhood, the CDC adopted a set of priorities which emphasized making the neighborhood attractive to new residents to slow population decline and address the increased presence of open and dangerous buildings. As the CDC focused on rehabbing foreclosed homes, and reselling them for individual ownership, long-term residents who had survived foreclosures began doubting whether the CDC was working in their interests. There are few opportunities for residents to participate in the organization's decision-making. Due to the need to fundraise and network, the CDC's board is not resident controlled, meaning that the CDC has little accountability to residents. The credibility of the CDC in residents' eyes has been reduced.

CDC staff, however, feel committed to long-term residents and are concerned about the prospect of gentrification and the potential displacement of low-income residents. However, the CDC feels pressure from the funders and from the city government to remain silent on the prospect of gentrification and the neighborhood's changing demography. Rather than advocating for fairer housing policies and trying to hold banks and lenders responsible for the damages to the neighborhood, the CDC has worked as a pawn of foundations' redevelopment logics which emphasize increasing land values and providing incentives for the already privileged to come into the city. The CDC's ability to strengthen the neighborhood has become a selling point for new comers, who are cheaply buying into the neighborhood. Driven by the need to maintain the organization, Faith Square CDC has adopted neoliberal logics, while its racial and class critiques have been silenced.

CHAPTER 5: HOPE FIELD

This chapter focuses on a historically working class neighborhood, Hope Field, and its network of community organizations. Hope-Field CDC is an award-winning CDC operating in the neighborhood. The neighborhood is also home to the Hope Community Alliance, with which the CDC frequently cooperates. While these two organizations share similar visions for the future of the neighborhood, they represent dramatically different governance structures. This chapter examines how these different governance structures influence the goals and tactics of the two organizations.

Neighborhood Context

The Hope Field neighborhood is a historically working class neighborhood on the west side of the Detroit. Over the last twenty years, the neighborhood has seen a rise in poverty and increasing crime. Like much of Detroit, the neighborhood is composed primarily of single family homes. It is home to a large urban park, which is considered one of the neighborhood's primary assets. The area is home to 37,124 residents, and has maintained its population size since 2010. 78 percent of residents are black, and 17 percent are white. White residents are concentrated in areas of the neighborhood near the city's suburban boundaries. The area has historically had a higher white population than other parts of the city because it was a common location for white Detroit police officers and firefighters to live when Detroit had residency requirements for these positions. Average median household income in the neighborhood is \$27,648 (\$35,977 for white households and \$28,253 among black households). 42 percent of residents live below the poverty line (US Census Bureau, 2015).

The housing stock was built around the 1940s. Compared to other parts of Detroit, Hope Field's housing stock is in decent condition, with relatively little abandonment. The executive director of Hope-Field CDC, Daniel, described the neighborhood as follows:

So Hope Field, the housing stock is actually in pretty decent shape. We do have some vacant properties that we're trying to preserve and prevent from getting stripped... Most of them are brick, single family, really solid construction. Some a little before, after World War II. The housing stock, it needs to be spruced up a little bit... Maybe 10-15 percent [of the housing] is really blighted... There are some pockets where the whole block is [blighted]. That's where we're going to have to repurpose that whole - maybe put in a pocket park or a community garden.

Approximately one-third of the population are youth, which some in the neighborhood see as a strength, while others see it as a challenge, since employment and extracurricular activities are in short supply.

Unlike Faith Square, gentrification is not seen by residents and CDC staff as an imminent threat. The executive director of Hope Community Alliance hopes that being a strongly organized community will help the area to avoid future gentrification.

Everybody in the City of Detroit is afraid of gentrification... So, you know, there's been a discussion that this area could potentially be a target, but we're not afraid of gentrification - I'm not anyway. We know that in order to have changes in community, some things have to change. But, we make sure that the folks that live here, that anything that comes into this community, that they're going to benefit from it, and it's not going to be outsiders coming into our community to take over the community. I think our neighborhood, because we have a really strong community where it's not going to happen here where people feel like they have to move out. We have a few people who you know, fear it, you know, "they gonna take over our city", "they gonna take over our neighborhood", but it's not a lot, it's not a lot that really feel that strongly that it's going to happen here.

A major outside force "coming into" the neighborhood is the Skillman Foundation. Hope Field is one of the six neighborhoods in which the Skillman Foundation, whose programs emphasize youth support, has chosen to invest. The initiative includes investments in community leadership and development to reshape the neighborhood so that children can be safe

and thrive. The Foundation gave over \$2.5 million to organizations working in Hope Field between 2011 and 2014, and is one of the area's most influential donors (The Detroit Ledger, 2015).

Hope Field CDC

Hope-Field CDC was founded in 2001 by a Methodist church in the area. The CDC was founded with the support of five suburban partner congregations, who are now represented on the CDC's board. The organization began as a free clinic, meeting the health needs of the uninsured in the area. Over time, the organization took on a public health focus, and now health-focused community economic development is the CDC's primary activity. The organization is highly metrics focused, constantly seeking to develop and track measures that will show their impact toward creating a healthy community, defined both in terms of public health outcomes, as well as measures of economic development, public safety, and youth engagement.

Hope-Field's activities primarily fall into two categories: health and wellness programs, and community economic development activities. Its health and wellness programs include cooking and nutrition classes, diabetes classes, a walking club, and a weekly farmer's market. Its community economic development programs to date have included organizing businesses, planning a "complete streetscape" along Field Avenue, boarding vacant houses, and conducting façade improvements. The CDC also frequently brings in church groups on mission trips to complete neighborhood clean-up projects. Hope-Field does not operate any affordable housing programs.

Funding

Hope-Field's funding comes through CDBG and private foundations. Most of the organization's funding comes from private philanthropy, but the organization has consistently received CDBG grants for the past several years. The organization also receives donations from the founding partner congregations. While Hope-Field has been recognized as a community development leader by trade associations and has received prestigious grants, the organization faces financial instability. Reliance on CDBG funds nearly caused the CDC to close due to city delays in reimbursing grantees. Executive director, Daniel, described the problems the CDC has had with CDBG as being disastrous:

The City of Detroit, through the Community Development Block Grant program, that's been one of our major [sources of funding]. They've been great, but there's been some frustration there. Last year, during 2014 in the mist of all that switch over, we didn't start getting reimbursed until November. By then we were up to, north of \$70,000 in accounts receivable. We were thinking, do we have to dissolve this organization? It was really that bad. And a lot of it had to do with the emergency manager, and all this other turmoil going on... At the end of the day, for whatever reason, we didn't get reimbursements until November. We're fine now. I mean for the first time in our history our cash flow is good right now – well its close enough.

Like Faith Square CDC, Hope-Field CDC tries to adjust its programs to fit into foundations' redevelopment logics. Not only does is CDC compelled to fit into funders' priorities, it also feels pressure to meet higher and higher standards of professionalization. Daniel explained that increasingly the CDC needs to be able to implement the operational standards of much larger institutions in order to remain competitive for grants:

[The non-profit sector] has become part of the economy, part of the business world. We've got to start acting like corporations, right, because we are corporations. But we can't have two different tiers of standards. So, the non-profit sector increasingly has to use best practices for accounting, for grants management, for developing support.

For Hope-Field CDC, professionalization and creating a quantifiable track record of impact are imperative to the organization's success.

Staff

The difficulty in securing consistent funding leads to staffing problems. None of the staff have had a pay raise since they began work for the CDC, and do not receive any sort of benefits. One staff member has taken on a second part-time job to make ends meet. This environment has the potential to lead to burnout, although the faith-based nature of the organization is credited with retaining staff members who might not otherwise be so committed to the organization. In Daniel's words:

We've come a long way in a short period of time, but we've done that essentially by taking advantage of the passion of some really dedicated staff members and board members. And that is not sustainable. And we have to stop. We have to figure out a way to pay a little more, more adequate compensation for existing staff, bring on some more staff. None of the staff have had raises since they've started. That's because people are passionate and dedicated, but enough. Even for the non-profit sector, we're way below the average on compensation. No benefits. That's not okay. I don't mean that selfishly. I mean for everybody. We've been very fortunate that we have people who are so dedicated to the mission of this organization and to this community, but yes, we have to change that. So that's one of our vulnerabilities.

Relating to Hope-Field's founding (a collaboration between one church located in Hope Field and five suburban churches), the organization's staff is overwhelmingly white, in stark contrast to the majority black neighborhood it serves. All senior staff are white. Executive director, Daniel, describes the challenges this dynamic presents for the organization:

I think, my God, we have this organization, and most of our staff are white, serving a mostly black community. Again that came out of the way we were founded. All of the staff right now are members of the partner churches that started Hope-Field. So I'm glad we're starting to get more diversity in our leadership and staff. You know, I'm not going to specifically seek out a black person to be my successor, but it would be nice if that would happen – it would be easy...someone who lives in the community and looks more representative. That's something we're aware of, and it's come up. But I think of the former senior pastor at the founding congregation in the neighborhood. He said, "You know what, as a black person, when I see white people who are passionate about social justice, or are passionate about racial and ethnic justice, then that's okay." So at the end of the day, the color of your skin shouldn't make any difference, either way. It goes both

ways. So, I seem to have encountered that too when people see me. I know initially, it took a while, but then people saw that I cared about social justice, I was aware of white privilege, I acknowledge white privilege, committed to getting rid of white privilege, because that's the side of the conversation people won't have. Some people don't want to talk about racism in the first place, to acknowledge it. Plus a lot of white folks, they don't, they just think, there's no white privilege anyway. So those issues have come up, but we negotiate them...It's interesting, because I remember when we were interviewing for positions for the coordinator for community and family development, and we had that conversation. And I said, we can't use race as a deciding factor either way. And it would be nice, but that can't be, if the most qualified candidate happens to be white, that's the way it is. So, it's something you have to be aware of, but race really can't be a factor. That's [what] every grant maker has, you can't use race as a limiting factor.

Despite Daniel's stated commitment to dismantling white privilege, he prioritizes the meeting of funders' requirements over hiring staff that better reflect the Hope Field neighborhood.

Representation and Accountability

Like Faith Square CDC, Hope-Field does not have a resident controlled board. Initially, the CDC's board was comprised of representatives of the churches supporting the CDC, and has only recently come to include specific resident representation (some incidental resident representation had taken place previously because one of the founding churches is located in the neighborhood). In addition to representation from the founding congregations (who are donors), some positions on the CDC's board are intentionally filled by individuals who can network and fundraise, such as an executive from a major health care system who serves on the board. The CDC's non-resident board members provide important access to funds and professional skills.

The board approves the CDC's programming, which is outlined in a strategic plan put together by executive director. As one board member described it, new programs to augment existing strategic priorities are often reviewed by the board:

There's Daniel's sustainability plan. A lot of the time we've got a program that's already going on and there's something else we need to piggy back off that. That's basically what we're doing. And before we come up with a different idea or different plan, we try to submit it to the board for approval. Then we'll debate the pros and cons of the program and how this will fit into our mission and make sure that we're not, not overstepping, or overextending ourselves or the personnel that we have. That's our main thing. The basic idea is, you have an idea, bring it to the board. The board will discuss it at whatever committee you're on. And then from there we'll go forward with it.

While Hope-Field CDC solicits input on the execution of its programs, one board member acknowledged that the board and executive director are leading the community in a particular direction:

I think sometimes when we're putting together what we do, we're sometimes ahead of the community or we're leading the community, rather than responding to them. You know, we're leading them down the path a little bit.

The CDC's agenda is developed by the executive director, with input from the board, rather than by residents.

Despite not controlling the board, the residents interviewed did feel that they could influence the programs the CDC offers and that the CDC would be responsive to their complaints. For example, one resident, Chris, who is involved in many Hope Field community initiatives, shared that he believes his input is valued and that he can influence the organization somewhat, but knows that the CDC has a long-term agenda guiding its work:

[I can influence their work] somewhat, I guess, because their planning is years out. So, like in the beginning, I know we had a lot of influence with some of the things that were going on... I feel like in that area, the healthy living [area], we have more influence, because we talk about it, we talk about what we're doing and what we're not doing, what we need to do. And the community housing side it was more talking about what people needed. And if, how to get help with those resources, so they can actually help people. I play some role in helping to get some of the applications out, going around talking to people, visiting homes, assessing the work as was necessary, so there was influence there, but it's not as interactive.

Hope-Field CDC tries to gather resident input on its programs through occasional surveys, conversations with residents in health classes, and in the past, through community

planning processes. The staff seem to sincerely desire to accurately represent the concerns of the neighborhood, and frequently acknowledge that resident knowledge and opinion are important for the success of their programs. Daniel described that using an iterative community input process is important for all of the CDC's programs:

It's basically an iterating cycle. You know, first, here is an idea. And so then, community engagement – [asking] does this [idea] make sense? We learn a lot from our residents and our stakeholders. They learn a lot from us. So, an example of how we do it. We did the survey. Once we did the survey, we realized that 85 percent of the residents supported the idea of a community garden, 81 percent supported the idea of a local farmers market. And only after we had that data did we start going to the trouble of putting that together. So, it's incremental. You get the process started. And we keep going back. Every time. Any significant new program we're looking at involves community engagement. That drives it. And without that, it's just not going to happen.

Hope-Field CDC does try to represent resident priorities in its work, but only within a limited agenda defined by its board and executive director, and shaped in execution by the priorities of funders.

Hope Community Alliance

The Hope Community Alliance is another community-based organization working in the Hope Field neighborhood. The Hope Community Alliance was founded in 2003 as part of an initiative of the Skillman Foundation to transform the neighborhood into a place where children can thrive, which involves investing resources not only in youth development and education, but also public safety and neighborhood leadership development. For Skillman, investing in the Community Alliance was meant to develop local leaders. The organization serves as an umbrella organization for block club associations in Hope-Field. The Community Alliance's executive director, Sherise, described its structure this way:

Residents were a part of helping to build this organization. So they were either on committees for the organization, or they ran and became elected officials on the board of

directors. We have ten residents that are on our board, five stakeholders, and two youth. So there's always 17 people. For those stakeholders, they represent the business community, the school community, non-profit, at-large, and faith. We have [a] majority [majority] residents so that they're always the loudest voice in the room. We have three sub-committees and residents sit on those committees. And on all the committees, the chairs are residents of the neighborhood. The co-chairs could be agencies, but we always make sure the leader is a resident. And then our board of directors, there must be a resident to be president of the board.

While the Community Alliance was organized by the Skillman Foundation, it drew on existing community organizations, especially the local police department's community relations council. Members of the Community Alliance scrutinize the investments Skillman and others are making in the neighborhood to make sure the money is being spent responsibly and with the maximum benefit for the neighborhood. Janet, a block club president and life-long Hope Field resident, described the watch-dog role the Alliance plays this way:

Well, I think what it was, was that we knew money was coming into the community through Skillman. We were worried a lot of people would come into the community, because they wanted to do things, and get the money out of it. And then, all of a sudden they're gone. We didn't want that. We wanted to utilize, first of all, the resources we already have in our community. So not having Skillman fund somebody that's outside of our community to do something that somebody in the community is already doing on the nickel and dime budget.

The Community Alliance has taken on a number of projects, which closely resemble the work of the case study CDCs. It operates a neighborhood youth council, entrepreneurship training, a community safety initiative, and boards up and renovates vacant properties.

While the Community Alliance works to reduce blight in the neighborhood, it has taken a different approach than the case study CDCs. In addition to addressing the problem by securing grants to clear blight on its own, the Community Alliance has staged protests and advocated for the city and state to demolish vacant, blighted properties in the neighborhood. Sherise describes the how the Community Alliance's youth council pushed the organization to take more confrontational approach on the issue:

About four or five summers ago, the youth council is the ones who said, all right, we're going to identify all of the blighted homes around our homes and our community. So they surveyed all the houses, and...they identified over 250 houses. They took that list and they went to the city council. They actually took a trip to Lansing to talk to our state representative. And I believe at that point, that's when we really got it as a community. Our state rep, he gave them all different strategies to get it going. And everything just started taking off. So we began doing a lot of letter writing. There was a lot of protesting with signs and peace walks, and safety walks, and all that. And I think that's where everything really started sparking. So what happened, they were able to bring the attention, because we were one of those neighborhoods that like, that wasn't getting a lot of attention. We weren't the chosen neighborhood to, you know I guess, be successful. But once that happened, all the attention came here.

Like early CDCs, the Community Alliance used organizing tactics to hold the state accountable to its responsibilities for neighborhood safety and cleanliness, rather than attempting to solve the problem in the private sector.

Funding

Like other CDCs and not-for-profits, the Community Alliance wishes it had more funds available for staff. The Community Alliance only employs two staff members. As a result, as Sherise describes it, the Alliance has to rely on collaboration with partner organizations to implement their numerous initiatives:

Just the lack of resources to really be able to do more, funding to do more, human resources [to do more], because it's so much to do. And everything can't be a priority. I'm a workhorse, along with my staff, I mean we believe in doing everything we can, but it's hard to sustain doing everything. I think that was a challenge, but we realized that we couldn't be the go to for everything, so we realized that we needed to bring other partners on. And I think when we finally did that, bringing in strong solid partners to oversee things that we could no longer sustain, those were challenges, but those were success stories as well.

According to staff, the Community Alliance's relationship with the Skillman Foundation has been a great boon. The foundation is not only present in the organization's grass roots work, it also lends credibility to other funders. In Sherise's words:

I say Skillman has been a blessing to our community. I've never seen, since I've been doing this work, a foundation that's really been on the ground like Skillman. So in the

beginning phase, people thought at one point that I worked for Skillman, because we were always that connected - where the program officers, even the presidents of the foundation would be here at the community meetings, and that's usually unheard of, you know. And we have walks and stuff, and they're participating in that. And they have been able to assist us in really leveraging other resources. I mean if we didn't have Skillman, a lot of folks wouldn't listen to us. It's kind of like, you know, like the stamp of approval. And so since then, we've been able to leverage other funding from other agencies, because of their support, and them putting up a lot of money to support, not just our agency, but other agencies that work in our community.

In contrast to some of the organization's board members, Sherise does not seem seem skpetical of the foundation's interests in the neighborhood or critical of how its spending funds in the area.

Accountability and Representation

As described earlier, the board of the organization is majority resident and the president of the board has to be a neighborhood resident. This means the CDC has far more accountability to residents than the Hope-Field CDC, and there are more opportunities for residents to contribute to setting the organization's agenda. However, the resident-led board also presents challenges; residents are often not prepared for the responsibilities of board leadership. Jenny, the Community Alliance's other employee, sees a skills mismatch, as well as difficulty with long-term planning as weaknesses of the board's structure:

The problem with the president having to be a resident is that, to really truly run a board of directors, you have to have a certain level of professional experience in the business world, understand the role, even with a lot of training. When you get a resident they don't have that business sense, it's just hard for them to understand what needs to be done... I don't think they have the experience to look at the bigger picture. Where when you're in the business world, you have to be able to see how things connect through experience. They don't have that experience, so sometimes they see things only from their level, from the resident level... Like talking about gentrification. They're scared of things they don't know, instead of having the business sense to understand that a lot of this development is really progress, it's not holding you back, so it's short sighted.

As was discussed with Hope-Field CDC, the staff of the Community Alliance worries that the board's lack of professionalization will hinder the organization's competitiveness and long-term success, and wish that the board's members would think in a more business-oriented manner.

Discussion

These two community-based organizations have very different levels of accountability to their residents, and very different degrees to which residents participate in setting the organizations' strategic objectives. The differences in these structures mirrors longstanding debates in community development around professionalization and the ways in which it moves organizations away from radical agendas (DeFilippis, 2012; Newman & Lake, 2006; Stoecker, 1997). Hope-Field CDC is fully immersed in professionalized community development, which has limited its accountability to residents and constrains its tactics. The Hope Community Alliance, on the other hand, has careful systems of resident accountability in place, and resident leaders are critical of its primary funder, the Skillman Foundation. Resident control of the organization has also led to the use of more confrontational tactics, focused on redistributing resources and holding government accountable to its responsibilities, rather than further privatizing public services to the non-profit sector.

Taken together, the case studies of Faith Square and Hope Field show that there is a profound difference between the rhetoric and the reality of who controls CDCs. The idea of community control was a central part of the early community development movement and has remained the industry ideal (DeFilippis, 2012; Newman & Lake, 2006; Stoutland, 1999). As CDCs present themselves, their rhetoric suggests that they are simply servants of neighborhood residents, and that their role is to implement programs and services residents desire to see in the area. Detroit community development industry leaders described this as the greatest strength of

CDCs and made it central to future visions of CDCs' work in the city. However, the rhetoric and the reality of community control do not align.

Using the resident controlled board measure, neither of the case study CDCs were community controlled. While the resident-controlled board is a weak measure of community control, these cases show that CDC boards are important to consider because they are the primary venue through which residents (although only a small number) have the opportunity to participate in decision-making on how CDC resources should be used (actually setting the organization's objectives, rather than providing feedback on already established plans). Still, it is clearly insufficient to only consider board membership, since CDCs' actions were largely shaped by funders' preferences – institutions that can easily sanction CDCs by denying or rewarding funding.

Both cases demonstrate the constraining effects that reliance on private philanthropy can have on CDCs. It impacts not only the ability of CDCs to implement programs in their neighborhoods, but also the tactics, governance, and ability to advocate on behalf of long-term residents. Detroit philanthropic foundations have their own models for redeveloping the city – their own theories of change. In order to receive funding from these foundations, CDCs must adopt their redevelopment logics and demonstrate increasing levels of professional competence. Importantly, as parts of Detroit gentrify and the city's white population grows, private foundations are constraining CDCs' ability not only to address, but even to discuss, the intersection between race and the political economic processes occurring in their neighborhoods.

These constraints are likely not unique to private philanthropy. That is, if Detroit CDCs were hypothetically primarily funded publically, we may still see similar constraints put in place,

because pro-gentrification, neoliberal redevelopment logics are embraced by the local state, as well. However, a key difference is accountability. With public funding, funding decisions are made by representatives who are accountable to city residents. Residents have few means of calling private philanthropy to account.

CHAPTER 6: DISCUSSION AND CONCLUSION

I now discuss the practical and theoretical contributions of this project, and make recommendations for future research. I focus on two main findings of the project: the gap between the rhetoric and reality of community control and the constraining effects of private philanthropy to discuss what role CDCs are playing today. I then speak to the deeply embedded presence of neoliberalism in Detroit's current redevelopment.

Community Control, Philanthropy, and the Role of CDCs

The notion that CDCs are community controlled institutions is so strong, that it has been integrated into industry leaders' future visions of CDCs in Detroit. Community development industry leaders, and to some extent foundations, are positioning CDCs as community representatives and advocates who can negotiate for community benefits with builders and developers and advance resident visions for the future of their neighborhoods. On the surface, this proposal seems to be a return to CDCs' roots in community organizing and redistributive justice. However, the contradictions within CDCs are too far embedded for them to play this advocacy role. The lack of accountability to residents paralleled by the intense accountability to funders creates incentives for CDCs to play a conciliatory role between developers and residents rather than advance the interests of low-income residents. As a consequence, CDCs in Detroit and possibly elsewhere may legitimize neoliberal redevelopment projects all the while they provide them a "community seal of approval."

As neoliberalism evolves and functions in nuanced ways, Detroit CDCs are being co-opted, becoming mechanisms to promote exchange value interests using the rhetoric of maximizing use values interests. While connections have been made between CDCs and neoliberalism before

(Stoecker 1997, DeFillipis, 2012), these critiques have focused on CDCs representing the neoliberal privatization of affordable housing development and neighborhood revitalization. My study suggests something else: that rather than simply being an example of the “roll-back” of government services and the emergence of public-private partnerships, CDCs are advancing neoliberal agendas in new ways. During Keil’s (2009) “roll with it” neoliberalism, Detroit CDCs have become dependent on pro-growth, pro-gentrification funders who have the ability to shift the benefits of CDC’s work away from low- and moderate-income residents toward real estate speculators and urban pioneers.

In Detroit, the ability of private foundations, in particular, to change the beneficiaries of CDC actions stems in part from the weakness of the local state. The city’s eroding tax-base, tied to its racial-economic history, has prevented it from performing many vital functions in recent years, including planning and timely administration of the Community Development Block Grant program. So while the city faced emergency management (itself a neoliberal mechanism which prioritizes credit ratings over local democracy), foundations created a neoliberal redevelopment plan for the city, emphasizing gentrification and green urbanism, and became the primary funder of CDCs. Taken together, private philanthropy is meaningfully shaping patterns of investment in Detroit with too little accountability to the city’s residents, and CDCs are caught in implementing this process.

In Detroit, CDCs are clearly at-risk of being co-opted to implement neoliberal redevelopment logics. However, neoliberalism is contingent and works in subtle, nuanced ways which are context-specific (Wilson, 2004; Hackworth, 2006). Detroit’s particular conditions of post-industrial decline, white flight, shrinking population, eroding tax base, and powerful philanthropic foundations have all contributed to making a situation where CDCs are susceptible

to co-optation. Comparative research on CDCs is needed in other cities to understand whether they are similarly vulnerable to co-optation. Further research is also needed to better understand the ways in which private philanthropy is reshaping cities. These institutions, like the local state, may promote business interests and neoliberal logics in the guise of public interest, but unlike the local state, foundations do so with almost no accountability. Understanding how foundations operate, how they shape the discourses and material realities of city redevelopment, and how they maintain their legitimacy, are all significant questions with important practical and theoretical implications for understanding U.S. cities today.

Deeply Embedded Neoliberalism

While the focus of this thesis has been community development corporations, this project also demonstrates the broad extent to which neoliberalism is embedded in Detroit institutions. Organizations ranging from philanthropic foundations, to the Detroit Land Bank, to city hall rely on market-driven redevelopment logics, while effectively subsidizing builders, developers, and real estate speculators through grants, discounted property sales, and tax breaks. The redevelopment of Midtown, subsidized by grants from the Kresge Foundation, is now considered an example of the city's successful comeback, even as low-income residents are priced out of the neighborhood. The Detroit Land Bank is efficiently selling off publically-held land to private owners, rather than considering alternative models, like community land trusts. Revenues from corporate taxes funds meant to go to Detroit Public Schools have been diverted toward the construction of a new hockey stadium, a public-private partnership (Aguilar, 2015). Meanwhile, there are serious discussions of privatizing the Detroit Public School system (Feldscher, 2015), and residential water shut-offs have prompted world-wide criticism (Cwiek, 2014).

In Detroit, this wide-reaching, normalized, “roll-with-it” neoliberalism can also be described as “color-blind neoliberalism” which discursively neglects historic racial inequalities and assumes the end of structural racism (Mele, 2013). In this study, members of local government and private philanthropy expressed the sentiment that above all else, Detroit needs to attract new residents, no matter their color or place of origin, in order to revitalize. This position does not take into account the ways neoliberal redevelopment further expands racial inequalities (Mele, 2013). Nor does it consider the ways in which the rhetorical declassifying of black spaces to green spaces is a profitable endeavor for developers (Clement and Kanai, 2015). As discussed in this study, these color-blind strategies exacerbate not only further inequality, but when adopted by CDCs, reduce these institutions’ legitimacy in the eyes of low-income black residents.

In the face of such entrenched neoliberalism, it may seem that CDCs have few viable alternatives to implementing the gentrification and green urbanism tactics of the Detroit Future City plan. However, this study also points to a deeply held desire by community development industry leaders and CDC executive directors to see the city revitalize in a way that benefits their traditional constituents – low-income people of color. Out of this desire, Community Development Advocates of Detroit has recently joined the Detroit Community Land Trust Coalition, organized by the radical Right to the City Alliance, which seeks to resist the profit-driven privatization of publically-held vacant property. As part of this coalition, CDAD is calling for greater transparency and resident oversight of the Detroit Land Bank and exploring collective, rather than private, ownership models (Ralston, 2015). I raise this example to show that while CDCs are deeply constrained as institutions, there are moments and ways in which community development practitioners do contest neoliberal visions for Detroit’s future. In *The Shadow State*, Wolch asks whether voluntary sector organizations should be understood as

extensions of the capitalist state, or sites of resistance to it. In the case of Detroit CDCs, while deeply constrained in ways which make co-optation of these institutions likely, flickers of resistance among community development practitioners remain.

REFERENCES

- Aguilar, L. (2015). Red Wings arena cost at \$627M, could go higher. *Detroit News*. Retrieved from <http://www.detroitnews.com/story/business/2015/11/04/report-cost-new-red-wings-arena-rises/75146516/>
- Ash, C., Dieter, P., Fang, A., Li, X., Luther, E., & Pinto, M. (2009, May). Growing Stronger: A Plan for the Future of Detroit's Community Development Corporation System.
- Berndt, H. E. (1977). *New Rulers in the Ghetto: The Community Development Corporation and Urban Poverty*. Greenwood Press.
- Berube, A., & Holmes, N. (2016, January 14). City and metropolitan inequality on the rise, driven by declining incomes. Retrieved March 22, 2016, from <http://www.brookings.edu/research/papers/2016/01/14-income-inequality-cities-update-berube-holmes>
- Bockmeyer, J. L. (2000). A Culture of Distrust: The Impact of Local Political Culture on Participation in the Detroit EZ. *Urban Studies*, 37(13), 2417–2440.
<http://doi.org/10.1080/00420980020080621>
- Bouffard, K. (2015). Census bureau: Detroit is poorest big city in U.S. Retrieved February 17, 2016, from <http://www.detroitnews.com/story/news/local/michigan/2015/09/16/census-us-uninsured-drops-income-stagnates/32499231/>
- Brenner, N., & Theodore, N. (2002). Cities and the Geographies of “Actually Existing Neoliberalism.” *Antipode*, 34(3), 349–379. <http://doi.org/10.1111/1467-8330.00246>
- Caro, M. (2015, April 24). Detroit neighborhoods want update, aid like downtown gets. Retrieved February 23, 2016, from <http://www.chicagotribune.com/ct-nw-detroit-bar-20150424-story.html>

- CDAD. (2011, November). Community Development Advocates of Detroit Detroit Community Development Industry Reform Recommendations. Retrieved from <http://cdad-online.org/resources/industry-reform/>
- CDAD. (2015). CDAD Members. Retrieved from <http://cdad-online.org/membership/member-directory/>
- Chaskin, R. J., & Garg, S. (1997). The Issue of Governance in Neighborhood-Based Initiatives. *Urban Affairs Review*, 32(5), 631–661. <http://doi.org/10.1177/107808749703200502>
- City of Detroit. (2012). 2012-13 CDBG/NOF Allocations. Retrieved from <https://sosdetroit.files.wordpress.com/2014/03/2012-13-cdbg-allocation-list.pdf>
- City of Detroit. (2013). CPC 2013-14 CDBG/NOF Funding Recommendations. Retrieved from <https://sosdetroit.files.wordpress.com/2014/03/2013-2014-cpc-funding-recommendations.pdf>
- Clark, A. (2012). Welcome to your new government: can non-profits run cities? *ForeFront*.
- Clarke, G. L., & Dear, M. (1984). *State apparatus : structures and language of legitimacy* (1st edition). Boston: Allen & Unwin.
- Clement, D., & Kanai, M. (2015). The Detroit Future City: How Pervasive Neoliberal Urbanism Exacerbates Racialized Spatial Injustice. *American Behavioral Scientist*, 59(3), 369–385. <http://doi.org/10.1177/0002764214550306>
- Crump, J., Newman, K., Belsky, E. S., Ashton, P., Kaplan, D. H., Hammel, D. J., & Wyly, E. (2008). Cities Destroyed (Again) For Cash: Forum on the U.S. Foreclosure Crisis. *Urban Geography*, 29(8), 745–784. <http://doi.org/10.2747/0272-3638.29.8.745>

- Cwiek, S. (2011). Bing says Detroit land use overhaul moving along. Retrieved February 20, 2016, from <http://michiganradio.org/post/bing-says-detroit-land-use-overhaul-moving-along>
- Cwiek, S. (2014). Detroit water department defends shutoff campaign after UN criticism. Retrieved May 17, 2016, from <http://michiganradio.org/post/detroit-water-department-defends-shutoff-campaign-after-un-criticism>
- DeFilippis, J. (2012). Community Control and Development: A Long View. In S. Saegert & J. DeFilippis (Eds.), *The Community Development Reader*. Routledge.
- Detroit Blight Removal Task Force. (2014). *Detroit Blight Removal Task Force Plan*. Detroit, MI. Retrieved from <http://report.timetoendblight.org/>
- Detroit Works Project. (2012). *Detroit Future City: 2012 Detroit Strategic Framework Plan*. Detroit, MI.
- DiMaggio, P. J., & Powell, W. W. (1983). The Iron Cage Revisited: Institutional Isomorphism and Collective Rationality in Organizational Fields. *American Sociological Review*, 48(2), 147–160. <http://doi.org/10.2307/2095101>
- Dolan, M. (2011, July 2). Revival Bid Pits Detroit vs. Donor. *Wall Street Journal, Eastern Edition*, p. A.1. New York, N.Y., United States.
- Dolan, M. (2015, December). Exclusive Detroit poll: 69% say city headed in right direction. Retrieved February 20, 2016, from <http://www.freep.com/story/news/local/detroit-reborn/2015/12/13/poll-detroit-hope-rises-worries-linger/77095754/>
- Duggan for Detroit. (2013). Every Neighborhood Has a Future. Retrieved from <http://www.dugganfordetroit.com/wp-content/themes/duggan/DugganNeighborhoodPlan.pdf>

- Ebrahim, A. (2003). Accountability In Practice: Mechanisms for NGOs. *World Development*, 31(5), 813–829. [http://doi.org/10.1016/S0305-750X\(03\)00014-7](http://doi.org/10.1016/S0305-750X(03)00014-7)
- Faber, D., & McCarthy, D. (2005). *Foundations for Social Change: Critical Perspectives on Philanthropy and Popular Movements*. Rowman & Littlefield.
- Feldscher, K. (2015). High-ranking House Republican favors dissolving Detroit Public Schools: “They've had their opportunity” | MLive.com. Retrieved from http://www.mlive.com/lansing-news/index.ssf/2015/06/top_house_republican_in_favor.html
- Ferguson, R. F., & Stoutland, S. E. (1999). Reconceiving the community development field. In *R. F. Ferguson and W. T. Dickens (Eds) Urban Problems and Community Development* (pp. 33–75). Washington, D. C.: Brookings Institution Press.
- Foley, A. (2015). *How To Live In Detroit Without Being A Jackass*. Belt Publishing.
- Fung, A., & Wright, E. O. (2003). *Deepening Democracy: Institutional Innovations in Empowered Participatory Governance*. Verso.
- Gallagher, J. (2015). Five years in, and Dan Gilbert’s just beginning. Retrieved February 22, 2016, from <http://www.freep.com/story/money/business/2015/08/15/quicken-bedrock-dan-gilbert-cavsdan-detroit-downtown-buildings-hudsons-apple-store-retail/31742621/>
- Gaventa, J. (2004). Representation, community leadership and participation: citizen involvement in neighbourhood renewal and local governance. *Neighbourhood Renewal Unit Office of Deputy Prime Minister*.
- Graham, L. (2015, March 3). Detroit downtown resurgence divided by race? Retrieved February 23, 2016, from <http://michiganradio.org/post/detroit-downtown-resurgence-divided-race>

- Hackworth, J. (2006). *The Neoliberal City: Governance, Ideology, and Development in American Urbanism* (1 edition). Ithaca: Cornell University Press.
- Harvey, D. (2005). *A Brief History of Neoliberalism*. OUP Oxford.
- Herbert, C., Apgar, William, & Mathur, Priti. (2011). *Risk or Race: An Assessment of Subprime Lending Patterns in Nine Metropolitan Areas*. U.S. Department of Housing and Urban Development. Retrieved from https://www.huduser.gov/portal/publications/hsgfin/risk_race_11.html
- Jessop, B. (2002). Liberalism, Neoliberalism, and Urban Governance: A State–Theoretical Perspective. *Antipode*, 34(3), 452–472. <http://doi.org/10.1111/1467-8330.00250>
- Kamat, S. (2003). NGOs and the New Democracy. *Harvard International Review*, 25(1), 65.
- Keil, R. (2009). The urban politics of roll-with-it neoliberalization. *City*. 13(2), 230-245.
- Keating, W. D., Rasey, K. P., & Krumholz, N. (1990). *Community development corporations in the United States: their role in housing and urban redevelopment, in Van Vliet*. Newbury Park, California: Sage.
- Kennedy, R. (2014, November 7). “Grand Bargain” Saves the Detroit Institute of Arts. *The New York Times*. Retrieved from <http://www.nytimes.com/2014/11/08/arts/design/grand-bargain-saves-the-detroit-institute-of-arts.html>
- Keyes, L. C., Schwartz, A., Vidal, A. C., & Bratt, R. G. (1996). Networks and nonprofits: Opportunities and challenges in an era of federal devolution. *Housing Policy Debate*, 7(2), 201–229. <http://doi.org/10.1080/10511482.1996.9521219>
- Lake, R. W., & Newman, K. (2002). Differential citizenship in the shadow state. *GeoJournal*, 58(2-3), 109–120.

- Leopold, J., Getsinger, L., Blumenthal, P., Abazajian, K., & Jordan, R. (2015). *The Affordability Gap for Extremely Low-Income Renters in 2013*. Urban Institute. Retrieved from <http://www.urban.org/sites/default/files/alfresco/publication-pdfs/2000260-The-Housing-Affordability-Gap-for-Extremely-Low-Income-Renters-2013.pdf>
- Logan, J. R., & Stults, B. J. (2011, March 24). The Persistence of Segregation in the Metropolis: New Findings from the 2010 Census. US 2010 Project.
- MacDonald, C., & Kurth, J. (2015, July 3). Foreclosures fuel Detroit blight, cost city millions. Retrieved February 17, 2016, from <http://www.detroitnews.com/longform/news/special-reports/2015/06/03/detroit-foreclosures-risky-mortgages-cost-taxpayers/27236605/>
- McGraw, B. (2016, May 2). Meet The Downtown Residents Who Say They Are Being Pushed Aside For The “New Detroit.” Retrieved February 22, 2016, from http://www.deadlinedetroit.com/articles/4721/meet_the_downtown_residents_who_say_they_are_being_pushed_aside_for_the_new_detroit#.Vst8cZxrjcd
- Mele, C. (2013). Neoliberalism, Race and the Redefining of Urban Redevelopment. *International Journal of Urban and Regional Research*, 37(2), 598–612.
- Midtown Detroit Inc. (2016). Organization History. Retrieved February 22, 2016, from <http://midtowndetroitinc.org/who-we-are/history>
- Moskowitz, P. (2015, February 5). The two Detroits: a city both collapsing and gentrifying at the same time. *The Guardian*. Retrieved from <http://www.theguardian.com/cities/2015/feb/05/detroit-city-collapsing-gentrifying>
- Newman, K., & Ashton, P. (2004). Neoliberal Urban Policy and New Paths of Neighborhood Change in the American Inner City. *Environment and Planning A*, 36(7), 1151–1172. <http://doi.org/10.1068/a36229>

- Newman, K., & Lake, R. W. (2006). Democracy, bureaucracy and difference in US community development politics since 1968. *Progress in Human Geography*, 30(1), 44–61.
<http://doi.org/10.1191/0309132506ph590oa>
- Oosting, J. (2010, September 15). Detroit Works: Bing asks for ideas, residents demand answers at first community meeting. Retrieved February 18, 2016, from
http://www.mlive.com/news/detroit/index.ssf/2010/09/detroit_works_project_bing_see.html
- Papadopoulos, Y. (2010). Accountability and Multi-level Governance: More Accountability, Less Democracy? *West European Politics*, 33(5), 1030–1049.
<http://doi.org/10.1080/01402382.2010.486126>
- Peck, J., & Tickell, A. (2002). Neoliberalizing Space. *Antipode*, 34(3), 380–404.
<http://doi.org/10.1111/1467-8330.00247>
- Popkin, S. J., Cunningham, M. K., & Burt, M. (2005). Public housing transformation and the hard-to-house. *Housing Policy Debate*, 16(1), 1–24.
<http://doi.org/10.1080/10511482.2005.9521531>
- Przeworski, A., Manin, B., & Stokes, S. C. (1999). *Democracy, Accountability, and Representation*. Cambridge University Press.
- Purdue, D. (2001). Neighbourhood governance: Leadership, trust and social capital. *Urban Studies*, 38(12), 2211–2224.
- Ralston, K. (2015). Community Land Trusts « Community Development Advocates of Detroit. Retrieved May 17, 2016, from <http://cdad-online.org/community-land-trusts/>
- Ribot, J. C. (1999). Accountable representation and power in participatory and decentralized environmental management. *UNASYLVA-FAO*, 18–22.

- Roelofs, J. (2005). *Liberal foundations: Impediments or supports for social change? In DR Faber and D McCarthy (Eds) Foundations for Social Change: Critical Perspectives on Philanthropy and Popular Movements* (pp. Lanham, MD: Rowman and Littlefield.
- Rugh, J. S., & Massey, D. S. (2010). Racial Segregation and the American Foreclosure Crisis. *American Sociological Review*, 75(5), 629–651.
<http://doi.org/10.1177/0003122410380868>
- Silverman, R. M. (2003). Progressive Reform, Gender and Institutional Structure: A Critical Analysis of Citizen Participation in Detroit's Community Development Corporations (CDCs). *Urban Studies*, 40(13), 2731–2750.
<http://doi.org/10.1080/0042098032000146867>
- Slim, Hugo. (2015, June 5). By What Authority? The Legitimacy and Accountability of Non-governmental Organisations. Retrieved from <http://www.jha.ac/articles/a082.htm>
- Smith, A. (2009). Introduction. In I. W. of C. A. Violence (Ed.), *The Revolution Will Not Be Funded: Beyond the Non-Profit Industrial Complex*. Cambridge, Mass: South End Press.
- Smith, N. (1979). Toward a Theory of Gentrification A Back to the City Movement by Capital, not People. *Journal of the American Planning Association*, 45(4), 538–548.
<http://doi.org/10.1080/01944367908977002>
- Stoecker, R. (1997). The CDC model of urban redevelopment: A critique and an alternative. *Journal of Urban Affairs*, 19, 1–22.
- Stoutland, S. (1999). Community development corporations: mission, strategy, and accomplishments. In R. F. Ferguson and W. T. Dickens (Eds) *Urban Problems and Community Development* (pp. 193–240). Washington, D. C.: Brookings Institution Press.

- Sugrue, T. J. (1996). *The Origins of the Urban Crisis Race and Inequality in Postwar Detroit*. Princeton : Princeton University Press,.
- The Albert. (2016). Find an Apartment. Retrieved February 22, 2016, from <http://www.thealbertcapitolpark.com/detroit/the-albert/floorplans/>
- The Detroit Ledger. (2015, March 10). All Grants. Retrieved from <https://www.detroitledger.org/#>
- The Skillman Foundation. (2015). Our Detroit Infographic. Retrieved from http://www.skillman.org/annual_reports/risetogether/our-detroit-infographic/
- Thibault, R. E. (2007). Between Survival and Revolution: Another Community Development System is Possible. *Antipode*, 39(5), 874–895. <http://doi.org/10.1111/j.1467-8330.2007.00556.x>
- Thibodeau, I. (2015, April 2). Officials: Downtown Detroit needs strategic housing moves to ensure solid future. Retrieved February 22, 2016, from http://www.mlive.com/news/detroit/index.ssf/2015/04/officials_downtown_detroit_nee.html
- Thomas, J. M. (2013). *Redevelopment and race : planning a finer city in postwar Detroit /* (Paperback ed.). Detroit, MI: Wayne State University Press,.
- Timeline: Detroit's road through bankruptcy. (2014, November 7). *Detroit News*. Retrieved from <http://www.detroitnews.com/story/news/local/wayne-county/2014/11/07/timeline-detroits-road-bankruptcy/18654077/>
- Urban, N. (2015, March 4). Data Driven Detroit. "Uphill Both Ways: Where are the Jobs in Metro Detroit?" Retrieved March 24, 2016, from

<http://datadrivendetroit.org/economy/uphill-both-ways-where-are-the-jobs-in-metro-detroit/>

US Census Bureau. (2015). American Fact Finder.

Vidal, A. C. (2012). Housing and Community Development. In *The State of Nonprofit America* (2nd ed., pp. 266–293). Brookings Institution Press. Retrieved from <http://www.jstor.org/stable/10.7864/j.ctt1xx6fn.9>

Welch, S. (2013, August 25). As HUD helps city, nonprofits anxiously await block grants. Retrieved February 23, 2016, from <http://www.crainsdetroit.com/article/20130825/NEWS/308259983/as-hud-helps-city-nonprofits-anxiously-await-block-grants>

Wilson, D. (2004). Toward A Contingent Urban Neoliberalism. *Urban Geography*, 25(8), 771–783. <http://doi.org/10.2747/0272-3638.25.8.771>

Wilson, D. (2009). Introduction: Racialized Poverty in U.S. Cities: Toward a Refined Racial Economy Perspective. *Professional Geographer*, 61(2), 139–149. <http://doi.org/10.1080/00330120902736393>

Wolch, J. (1990). *The Shadow State: Government and Voluntary Sector in Transition*. New York: Foundation Center.

Wong, K. K., & Peterson, P. E. (1986). Urban Response to Federal Program Flexibility Politics of Community Development Block Grant. *Urban Affairs Review*, 21(3), 293–309. <http://doi.org/10.1177/004208168602100302>

Yin, J. S. (1998). The Community Development Industry System: A Case Study of Politics and Institutions in Cleveland, 1967–1997. *Journal of Urban Affairs*, 20(2), 137–157. <http://doi.org/10.1111/j.1467-9906.1998.tb00415.x>

APPENDIX A: OPEN-ENDED INTERVIEW PROTOCOL

For all participants:

1. Tell me about the [name] neighborhood that you live in or are working in. How would you describe its strengths and challenges? What economic, social, and political opportunities do you see for the neighborhood?
2. How has the neighborhood changed over the past ten years (or however long you have lived / worked here)?
3. What is your vision for the neighborhood? What would you ideally like the neighborhood to be like?
4. Tell me about the [name of community development corporation]. What role do you see the organization playing in the neighborhood?
5. What do you think are the top concerns that the community development corporation should be addressing?
6. There has been a lot of discussion nationally and locally about the “revitalization” of Detroit. What do you make of that discussion?

For community development practitioners:

1. What are the major sources of funding for your organization? How would you characterize your organizations’ relationships with its funders?
2. Do you see any tensions or conflicts regarding the future of the neighborhood or regarding the future activities of the organization? If so, what are they?
3. What do you see as the area’s biggest problems that the community development corporation needs to tackle? What do you see as the best way for the CDC to tackle these problems? Are there possibly any other viable ways that these problems could fruitfully be addressed by the CDC?
4. What would you say have been some of your organization’s greatest accomplishments? What have been some of your greatest challenges?
5. How does your organization determine what programs to offer? Who plays a role in this decision-making process?
6. Ideally, what would this area look like and be with highly successful redevelopment?
7. Do you see any strategies or approaches to community development emerging as trends in community development in Detroit? If so, what are they, and why do you think these approaches are becoming common?

For neighborhood residents

1. What do you see as the biggest problems in the area that you think need to be immediately addressed?
2. How would describe your relationship with the [name of community development organization] (e.g., are you actively involved in its activities, etc.)?
3. Are you supportive of the work of the community development organization in your neighborhood? Why or why not?
4. Do you feel like you have a “say” in what the community development organization does in the neighborhood or that you can influence its activities? If so, how? If not, why not?
5. Do you see any tensions or conflicts regarding the future of the neighborhood or regarding the future activities of the community development organization? If so, what are they?

For community development industry influencers

Funding agency representatives

1. What do you think the role of community development corporations should be in Detroit?
2. How would you describe your institution’s approach to supporting community development corporations? How has this approach changed over the past ten years?
3. Why does your institution support the efforts of the [name of community development organization]? Generally, what characteristics do the community development organizations you support share?
4. How do you think your institution shapes or influences the work of community development organizations?
5. What do you see as best practices in community development?
6. What community development strategies or approaches do you predict your institution will support in the future?

Political representatives

1. What do you think the role of community development corporations should be in Detroit?
2. What are your priorities for block grant spending in Detroit? How has this changed over time?
3. What do you think are the biggest problems that face the [name] neighborhood? Why do you think these problems in the area exist? Do you think community development corporations can contribute to lessening these problems?
4. What do you see as best practices in community development?